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HUMAN DEVELOPMENT

The Jesuit Educational
Center for Human Development

Achieving Human Wholeness



Change Agents in Religious Life



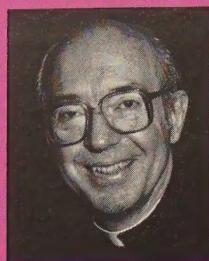
Culture Shock Afflicts Missionaries



Challenges to Theories of Grief



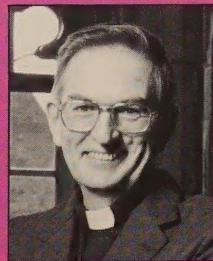
Dysfunctional Ministers



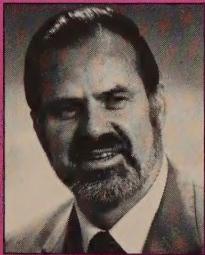
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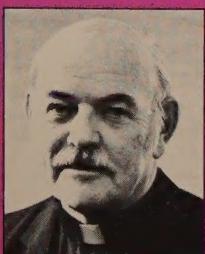
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EDITOR'S PAGE

A SEASON FOR SEEKING PEACE

No matter how commercialized the season of Christmas has become, its deepest meaning will forever remain spiritual: it annually rekindles in the human heart a yearning for lasting peace. Again this year we send Bethlehem-depicting cards that express a wish for peace to those we love. Atop our ornamented trees we station angels whose wings are overarched by the glistening salutation PEACE. At midnight mass we sing about the silent night that brought with it a quality of peace that was nothing less than "heavenly," and the scripture we hear read during the Christmas liturgy refers to the newborn Savior as the "Prince of Peace." Along with joy, peace is the theme of the season.

But in a world as troubled as ours is now, how difficult it is for most people to experience true peace. Who can remain serene while witnessing such distressful realities as the prolonged military confrontation threatening to inflame the Middle East, the chronic tension and violence infecting Africa, the economic and political crises multiplying here in the United States—all of these backgrounded by frustrations and fears that are growing continually deeper throughout the Third World, the Soviet Union, and in a number of the recently Moscow-released countries in Eastern Europe? Yet perhaps the strongest force that operates to prevent peace from reigning in the human heart is the guilt that troubles the souls of people who want to live an upright moral life but who compromiseingly yield to the allure of God-forbidden vice.

The obvious absence of peace among so many nations, segments of society, families, and individuals can serve as a reminder to us all that if we are in fact experiencing the blessing of a sense of peace,

we ought to be profoundly grateful. But if peace of soul is eluding us, we need to find ways to realign our conflicting desires, settle disputes with others, and bring harmony into the interactions among nations and the peoples who populate them. That task is neither simple nor easy. It requires seeking the counsel and support of others who cherish peace, who are ready to work for it, and who are willing to collaborate until it is secured. Love, commitment, courage, and perseverance are the price of attaining and preserving peace—in one's own life, in one's relationships, and in the world.

The Infant lying in the manger on the night of his birth drew to Bethlehem the throng of angels who announced in song, "Peace to those who enjoy God's favor." His life's work was to teach us the way to achieve peace. He extolled it, he exemplified it, and he bestowed it. St. Paul summarized Jesus' redemptive role by stating plainly, "He is our peace." Through union with him and through peaceful communion with one another, we experience here on earth a foretaste of the peace that awaits us in the eternal home he has promised to us and prepared for us.

The editors, staff, and editorial board of HUMAN DEVELOPMENT wish all our readers, writers, and benefactors a Christmas filled with the peace of mind and heart that God alone can give. Along with hoping that you will share in the peace that flooded the hearts of Mary and Joseph at Bethlehem, we pray that all through the new year ahead you will merit—by your efforts to promote peace in your own hearts, in the lives of others, and in our world—the reward that was promised in the beatitude, "Blessed are the peacemakers, for they shall be called the children of God" (Matt. 5:9).



James J. Gill, S.J., M.D.
Editor-in-Chief

Virgin and Child With Saint Esther and Saint Giulio

James Torrens, S.J.

Hello, Mary, smiled upon,
God's with you, child-size
(though long since upraised)
for tendering of our awe.

The pick, you, among wise-
woman aunts, true hearts and
lookers, Sister our schoolyard
pitcher—the tribe of Esther.

Pick of your body's tree
too, a plan ripened,
Jesus sits looking at you
before he's spurred on his way.

Maria, bent on God,
pray for us as for Saint Giulio,
our groundskeeper, pipe-smelly,
steady, though not much on church.

Whisper us each by name
to the small receiver
when achievement peels off
with a catch to the heart.

The discoveries that wait for us in a learned footnote! Rona Goffen, in a long article about religious art in the fourteenth century, alludes in tiny print, in footnote 111, to "the 8th-century practice of laying the Host of a Christmas Mass on a crib that served as altar."* What a marvel of the Christian imagination. I had never heard of it before.

Nativity scenes may date back a long way. Still, their emergence as a staple of the Christmas season is owing to Franciscan piety. The one specific nativity celebration with creche that gave impetus to the myriad that would follow was that which St. Francis lovingly designed for Christmas mass at Greccio, Italy, in 1223. Goffen quotes the Franciscan chronicler Thomas of Celano: "Greccio was made, as it were, a new Bethlehem. . . . A certain virtuous man saw a little child lying in the manager lifeless, and he saw the holy man of God [Francis] go up to it and rouse the child as from a deep sleep."

This "passionate veneration of God" elicited from Francis by images—what Goffen calls a "mingling of profound reverence with a warm and human love"—became his legacy to later ages. It is palpable in the fourteenth-century manuscript

*"Nostra Conversatio in Caelis Est: Observations on the *Sacra Conversazione* in the Trecento." In *Art Bulletin* 61, no. 2 (June 1979):198–222.

Meditations on the Life of Christ, which encourages the reader, in prayer, to "pick the Child up and hold him in your arms. Gaze on his face with devotion and reverently kiss him and delight in him." Ignatius of Loyola, in *The Spiritual Exercises*, introducing the retreatant to the life of Christ via a contemplation of the nativity, instructs that person to savor every detail of the scene, even to put himself into it as a humble servant. Had not the Franciscan influence marked him?

Artists and sculptors in that era took their cue from Francis, delighting to recreate the Holy Family at this moment of the birth of Jesus, mostly in contemporary settings, often with the addition of shepherds and animals or exotic noblemen and their entourages. The scenes are among the favorites in European iconography.

SAINTS ARE ASSOCIATED

Less well known in art and piety is an infancy genre known as *sacra conversazione*, which thrived during the Early and High Renaissance and then receded. The term, which dates from the early nineteenth century, is still used gingerly by art historians who argue about its application. The category itself originated in the era of Dante, circa 1300, when Pietro Lorenzetti decorated the Church of St. Francis at Assisi with a fresco in which the Madonna, holding the child, points to the stigmata displayed by St. Francis as a sign of what lay ahead for Jesus on his mission (an extraordinary reversal of time, although no more so than Francis's calling the child to life.) Saint John the Evangelist stands to the other side, gesturing toward Jesus.

Sienese and related painters of the late Middle Ages, in other words, took to associating the saints with the Mother and Child. This increasingly vivid representation of the saints—often local persons who had lived in the recent past—was also a product of Franciscan piety, which Goffen says had "an immense impact on the public imagination." Such figures not only stirred the faithful to imitation; they also offered themselves for recourse, as intercessors with the Lord and his Mother. The Church of St. Francis at Assisi set the pattern, according to Goffen:

In the titular church of the Franciscan order early examples appear which embody the spiritual and pictorial principles of *sacra conversazione*: the Mother and Child are united both physically and psychologically with the saints accompanying them, in a "holy community" joined together outside historical or narrative time and events.

Early artists of the Trecento—the Saint Nicholas Master, Simone Martini, disciples of Lorenzetti—tended to keep the saints separated from Mother and Child by columns, or arches, in self-contained

The emergence of nativity scenes as a staple of the Christmas season is owing to Franciscan piety

areas of a painting. However formal that may seem, these men were establishing a more intimate mode than the late medieval *maestà*, a tableau of enthronement for the queenly Madonna with the royal infant on her lap, surrounded by saints and angels, with members of the faithful (often donors) kneeling in the foreground. In the *maestà*, Mother and Child always appear disproportionately large to denote their greater importance. The early masters of the *sacra conversazione*, on the other hand, put all the figures on one plane. Even while marking out divisions on the canvas, they had the saints traverse them by glance and gesture. Regarding *Five Franciscan Saints*, a painting by Simone Martini, Goffen says that despite the fact that the saints are depicted in separate niches, "the exchanged glances create the appearance of a discourse among [them]."

In a small back chapel of St. John the Divine Church in New York City, the visitor will find a surprising retable—a two-foot-high painting that stretches the length of the altar, rising just behind it. The artist? Giovanni di Paolo, of the fifteenth century. Here in separate sections are Sts. Peter and Paul, ruggedly defined; an aging St. Andrew, with cross; a young John the Baptist—all in attitudes of communion with the Virgin and Child. This emphasis on interchange among the holy ones gradually led to a minimizing of separations; Lorenzetti, at the early date of his painting in Assisi, had already done without them.

Perhaps the most notable and full-scale example of the *sacra conversazione* is the Annalena Altarpiece by Fra Angelico, circa 1437. Here the artist skillfully groups well-known saints and sainted Dominicans attentive to one another and to the Mother and Child; all are in a sort of sanctuary. Arches are half indicated (at the top) and half

masked. But some painters omitted the background details and thus set the scene timelessly in that otherworld, that other condition within our own world, which St. Paul referred to as the heavenly one. Andrea Mantegna does so in vivid color in *Virgin and Child with St. John and Other Saints*, now in the Sabauda Gallery of Turin, Italy.

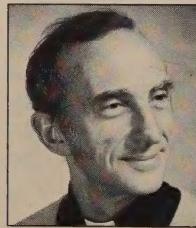
ALL ARE INVITED

The term *sacra conversazione* was not really intended to designate a paradise in which the saints converse with Our Lord and Our Lady (though Fra Angelico and others did love to imagine this scene); it arose as a comment on the holy life to which all the faithful on earth are called by grace. The phrase is an allusion to St. Paul telling the Philippians, "*Nostra conversatio in caelis est*" in St. Jerome's Latin version of the Greek (known as the vulgate). How to put this in English? Perhaps "Our way of living is in heaven." St. Paul had used the Greek *politeuma*, meaning citizenship, or life as citizens, as if to say "Our civic life is in heaven." Jerome more than once translated this Greek word (among others) from Paul by the Latin verb *conversari* (to carry on one's life)—not just to talk or to converse (as we now translate the term) but to live in a milieu together. How difficult to carry over shadings from one language to another!

To reflect, then, on this lovely genre: the Christmas cards we see that may strike us as abstract because, rather than showing a manger scene, they depict the Virgin and Child with a saint or two, are actually inviting us into that space. They are introducing us to the nascent Lord at his most fragile and incipient, and to his intercessor-mother as the

guarantee of his humanness. Saintly fellow humans, members of our community as well as of theirs, give us assurance, invite us to believe and trust in the Incarnate One.

How we wish more of these depictions of the *sacra conversazione* would be contemporary with ourselves. How we would like to see figures whom we can recognize—Dorothy Day, Maximilian Kolbe, Pope John XXIII, Sister Thea—figures in garb familiar to us, with gestures natural to us as well as to them. Then we would get the idea. Then we would enter into the mystery more and more each year with the return of this feast of Christ's beginning. "Now we too can begin to be Christian"—that's what we should be impelled to say when we see greeting cards that invite us toward the *sacra conversazione*.



James Torrens, S.J., is an Associate Editor of *America*.

Challenges to Theories of Grief

Nathan R. Kollar, S.T.D.

Early in my twenty-five-year career as a mental health care professional, some students challenged Elisabeth Kübler-Ross's stage theory of death and dying. Research proved them right. Later, many clients challenged the emphasis on anger and guilt in the grieving process. They demanded recognition of the positive feelings of relief and freedom. They were right. Many nursing home staff members challenged the early theories of anticipatory grief because these theories suggested that once we had grieved, it was all done. They too were correct in their challenge.

Challenges to what we say and do are not unusual in professional life. What was different about these challenges was their quantity and quality. In this article I will review contemporary grief theories to show why these theories were challenged and then suggest a model of professional intuition for dealing with further challenges.

CURRENT THEORIES OF GRIEF

The schema adapted and reformulated from John Schneider's *Stress, Loss, and Grief* hints at both the diversity and the sameness of contemporary theories. In this schema we see common agreement on the beginning of grief, a variety of descriptors for the middle portion, and various interpretations as to how grief ends. All these descriptors attempt to tell us something about

what happens when a significant other dies. All these theories are attempts to make sense of this common human reality. If they are appropriate theories they should find resonance in the lives of the majority of those who respond to the death of a significant other. The challenges we hear from others, and perhaps ourselves, suggest that something is wrong with these theories.

People challenge grief theories because of their personal experience and the inherent limits of contemporary theory. There are at least five major personal reasons for rejecting current theories: because they seem too complete (i.e., too descriptive of the individual's experience); because they have a clearly marked beginning, middle, and end; because they emphasize emotions; because they emphasize negative emotions; and because they have an evident bias regarding "reality," which does not coincide with the way many people see the world.

"KNOW-IT-ALL" THEORIES

Some theories detail the grieving person's experience too completely. Most of us do not present or use many theories about grief; we present one theory. In doing so, it is not unusual to present it as normative for all grief. Such a presentation takes away the mystery of grieving by emphasizing its normality. A grieving person senses that he or she

We each experience grief differently yet also share a common pattern with others who have lost someone through death

is going through something unique, something no one else has gone through. Indeed, grieving is a unique personal experience; we each experience grief differently yet also share a common pattern with others who have lost someone through death. When a theory of normal grieving seems too complete, it may be rejected because it does not leave room for the mystery and individuality of grieving.

A PART OF LIVING

Although most authors reject any hint that grieving is a straightforward, link-step process, they all presuppose a basic beginning-middle-end pattern. In other words, grief is approached as an ordered experience. The nature of any theory is to order, to make understandable, the chaos of life. People who are grieving live the chaos that the theory attempts to explain. Sometimes a grief theory can give them security by enabling them to believe that what they are going through will end. On the other hand, sometimes grieving persons cannot accept a theory's description of the grief process because they find that their feelings and realities do not correspond with it. There will always be some realities that are not included in a grief theory, since grief is part of life, and life involves many divergent feelings that no one theory can encompass. A griever may reject a theory because it is not true to his or her experience, not realizing that no theory can encompass all experience.

It is also true that many grievers do not sense the sharp beginning of the grief process suggested by the theories. Many grievers awaken gradually to the death of their loved one. Death, in other words, is much more a part of life than the theories indicate. Consider how the theories describe the

beginning of grief: shock and a sense of unreality; a feeling of separation from the ordinary world; experiencing a life crisis; discovery of loss and pain. Many people dealing with the death of an elderly person do not experience grief in such stark terms and consequently reject the descriptions offered in existing theories.

Some people also express doubts about the theories' assumption that there is an end to grief. Many persons continue to experience deep grieving, perhaps many years after the death. To suggest without qualification that grief ends is to contradict their experience or to suggest that they are not "normal." Those who still experience grief correctly challenge theories that suggest that it ends abruptly or that it ends after a few years.

It is interesting to note that most theories allow for what are known as pining episodes—short bursts of intense realization of loss. But the theories place these episodes within the process or tasks of grief. No one seems to recognize that grief may be these episodes. The experience of most people is that these episodes constitute grief; these episodes are when they sense the loss. If we take away the beginning, middle, and end of grief, we are left with these experiences of grief throughout life.

NOT ALWAYS PAINFUL

Much of the literature presupposes that grief is primarily an emotional response to a loss through death. This loss, many times, is also seen in a negative sense. More and more commentators admit that an experience of loss may be a positive experience. As modern technology prolongs the dying and suffering of individuals, many people come to realize that the death of an individual may be a positive rather than a negative occurrence. The death event can produce a quasi-elation as years of tension, economic drain, intensive scheduling of time, and shared pain come to an end. The negative emotions such as anger, guilt, and painful remembering that may be associated with loss by death may easily occur years before the death. Any loss associated with death may be overshadowed by the positive feelings associated with gains of time, money, and opportunity for deeper personal relationships. Thus, the death event may be more an experience of gain than one of loss. The positive emotions, such as relief, may dominate an individual's response to the death event because the person is experiencing a different reality.

The private nature of grieving in a society composed of nuclear families intensifies the loss as well as the emotion. Indeed, a grief shared is a grief halved. When one has no one with whom to share the grief, it is doubled. When we forget that humans are relational by nature, we may also forget that our response to death is more than an emotional one. Why are emotions the focus of so much

of our discussion when dealing with the death event? The psychosomatic and psychosocial aspects are usually included, but they are seldom connected in a systematic analysis and description of the grieving of the whole person. Certainly, emotions may dominate our consciousness in the wake of a significant death event. But do they dominate personality types, or are they the first concern of researchers studying grief? The challenge of many clients to a focus on emotion reminds us of the holistic nature of the person and the importance of these aspects in the grief process. Other questions may dominate the death event: Is the dead person in heaven or hell? Do I have enough money to survive? What will I say to the relatives? Emotional concerns may be secondary to social, biological, or faith concerns. The whole person experiences grieving as a response to all these concerns, not just the feeling dimension of the person.

VARIED THEORETICAL APPROACHES

We can never approach death objectively. Our whole selves are involved in the way we describe grief, as well as in the theories we select to support our approach to grief. In our portrayal of grief our presuppositions and our realities are there for all to see. Clients with different realities challenge our theories, our presuppositions, our personal realities. These challenges usually occur in three ways: a challenge to descriptions regarding the mature conceptualization of death; a challenge to the overwhelming nature of grief; or a challenge to our suggestions as to how to deal with grief.

The mature conceptualization of death, according to these theories, includes the realizations that death happens to everyone and that once dead, one cannot be alive again. Mature grieving, to coincide with a mature conceptualization of death, begins with the actual loss. To begin "real" grief without "real" loss is to live in an unreal world. Death means that the person will never be alive again. When that reality occurs, death grieving can occur. Aside from faith considerations, such dependence on the physical death of an individual easily leads professionals to overlook the deep grief experienced by those who live, for example, with a victim of Alzheimer's disease. For these people, each memory lost by the ill person is grieved. The grief associated with leaving someone in a nursing home is also not attended to, as professionals wait for the actual death to trigger grief. Theories that present mature concepts of grief often present views of reality that do not match people's experience.

The overwhelming nature of grief is constitutive to descriptions of grief. In an effort to clearly describe the reality of grief, we take the most extreme examples of grief. Consequently, most of the theories presuppose that grief is a challenge to

one's self-concept, identity, or self-esteem. Defense or ego-coping mechanisms are described as ways of protecting the self from the pain of the death event. It is suggested that left unprotected, the self is unable to deal with the total loss initiated by the death event. Many deaths are not experienced with such totality. To suggest that authentic grieving should be an overwhelming experience is a lie to many people's experience and bespeaks an unawareness of the fragility of our contemporary theories of grief.

When we look at how to deal with grief, we find that the theories offer four approaches: grief is an emotional sickness to be avoided; grief is a psychological reality to face and accept; grief is a process of psychological growth and transition to a better life; or grief is a set of developmental tasks to be fulfilled.

Those who look at grief as a sickness to be avoided concentrate on the loss itself. For authors such as Ernest Becker, Geoffrey Gorer, and Eric Lindemann, grief is primarily pain and suffering, which must be avoided at all costs. These authors assume that we never get over our major losses and cannot face our individual mortality without some relief. These avoidance theories focus on the beginning of grief: its shock, pain, and bewilderment. To experience such feelings for a prolonged period of time is, from their perspective, to invite physical and psychological disaster.

A different approach is taken by Kübler-Ross, George Engel, Sigmund Freud, Henry Krystal, Peter Marris, and those existentialist philosophers and theologians who look at the peaceful acceptance of loss by death as both possible and necessary for mature living. They suggest that we are to make peace with the past, accept the reality of what is gone, and maintain the continuity of life. In their emphasis on acceptance, these theorists conceptualize the losses associated with the death event as they are felt—that is, as losses or challenges. The key to dealing with grief in these theories is not in facing the past or getting over the devastating shock but in facing the reality of living without the significant other in the future.

The third approach looks beyond the death event and the initial reaction, and leaves the future—the reality of living without the dead person—to itself. It looks at grief as a rite of passage to a new life—the drink of refreshing lemonade made from the lemons of the tree of death. The middle of the grief process and how one deals with it shapes one's present and future living.

The fourth approach, best exemplified by the theories of William Worden, sees grief as a hindrance to full living—something that we must overcome in order to grow and develop. If we work at the tasks required of us by the death event, we will earn our growth and further development. Grief is not so much a process of beginning, middle,

Ways to Challenge a Theory of Grief

1. Question
the author's
conceptualization
of death

2. Question
the presentation
of grief as
overwhelming

3. Question
the author's
suggestions about
how to deal
with grief

and end as it is a challenge to living. If we meet the challenge, we meet life.

These envisionments of the entire grief reality are generally offered as descriptions of grief, which in turn are seen as emotional responses to the death event. Yet the death event, like any human event, is symbolic and therefore, depending on the context, subject to significant change in meaning. It is this change in meaning that causes a dissonance between a presentation of a theory and the person's interpretation of that theory. Some of the approaches I have mentioned are favored by practitioners, some by clients. When there is a mismatch, there is confusion and challenge.

LIMITS TO THEORIES

Contemporary theories of grief are limited in their ability to reflect the experience of the griever. Most theories are severely limited because they chiefly apply to the grieving of the sudden death of a middle-aged white man. Only with a great deal of adjustment can these theories reflect the experience and conceptualization of the grieving of the

death of a very young or elderly person. To neglect the young in a culture that is growing older may be appropriate, but to claim a theory of grief that does not include the way most people die is ludicrous. For the first time in history, most people die when they are old, and the majority of the elderly are women. Our theories do not take these facts into consideration. Most theories of grief begin with sudden death and the consequent shock experienced by the griever. But many a frail, elderly person suffers from a life-threatening illness, and the announcement that the illness will cause his or her death is often welcome for its definitiveness. Grieving does not start with shock in such situations, but with welcome and acceptance.

Young children in industrialized societies usually do not deal with grief in the ways the theories suggest. Children's grieving is seen as an exception to "normal" grief. According to Maria Nagy, children before the age of nine conceptualize the loss of a significant other gradually. There is no grief process with a middle and end here, but rather an ever-developing awareness based on their ability to conceive what happened and the consequences

of what happened. None of the contemporary theories of grief allow for a cyclical realization of the death event.

VARIABILITY SPOILS THEORIES

"It depends" is the mark of one's awareness of his or her limits as well as the variability of contemporary investigations. As we look at the theories of grief, the phrase "it depends" is repeated so many times that one wonders what is left. In her excellent *Grief, Dying, and Death: Clinical Interventions for Caregivers*, Terri Rando offers one of the most comprehensive listings of the variables of grief; she identifies twenty-eight. Such a listing is skillful and necessary, yet the question must be asked: What is left? If everything depends on everything else, is there really any theory of grief? Everything depends. For a theory to be of any value, it must help us understand and respond to our environment. There are so many variables in contemporary grief theories because no adequate theory is available to deal with the reality we are attempting to describe.

PARAMETERS OF NORMAL GRIEF

In a recent study on the parameters of normal grief, Alice Demi and Margaret Miles concluded that "the myriad terms used to describe abnormal or complicated grief reactions are neither clearly nor consistently defined by their authors." One must wonder how one can be clear about what normal grief is without knowing clearly what constitutes abnormal grief. Our typical response, reflected in the study, is that normal grief is such that many of its manifestations seem abnormal to the bereaved. This certainly seems true, but from the perspective of theorizing we must question the appropriateness of contemporary theories when the line between normal and abnormal grief is nearly nonexistent. Appropriate theories of normal grief must at least suggest appropriate theories of abnormal or dysfunctional grief.

Although most of the literature focuses on grief as a consequence of the death event, there is at least an implicit assumption that grief is the consequence of any loss. Indeed, the lack of distinction between object (nonhuman) and subject (human) loss is nearly total. The same categories are used to describe the loss of a job, the loss of an arm, and the loss of a significant other.

The reason for the lack of distinction may be inherent in that methodology which begins from the standpoint of the individual and his or her experiences. When we remain only within that realm, any actual "objectivity" is lost because the individual's experience determines the reality. Thus divorce, death, and unemployment are all losses and cause the process described as grief. But are these theories based on object loss true? Do

they accurately describe the feelings associated with the loss of a role, of money, of health, of a significant other? If they do not admit of a distinction between the loss of a job and the loss of a human being, they have abandoned the world of relationships for narcissism.

Perhaps what is needed are theories specific to various loss situations and especially to that unique life situation, death. There is nothing like death, and because there is not, our theory describing the response to the death event should be unique. This is the challenge to any new theory of grief, and this is also the reason people are challenging our existing interpretations of grief. What can we do while waiting for better theories?

PROFESSIONAL INTUITION REQUIRED

The challenges to contemporary grief theories come not only from clients and from inherent difficulties in the theories themselves but also from the nature of the professional life of the mental health care provider. Our professional life involves doing more than knowing. Consequently, we are primarily attracted to helping a person rather than constructing a theory. In our training, however, text after text focuses on theories. We quickly learn that there is indeed a distinction between theory and practice. But if we are to be good at what we do, we must begin to develop professional intuition. Professional intuition is an informed intuition that creates knowledge that is functional in our workplace. It is a learned skill that begins with the theories learned in an academic setting and uses all of them to deal with the here-and-now reality of helping a person follow his or her life direction.

Professional intuition begins with what is. The professional has a body of knowledge and skills unique to his or her claimed way of dealing with the world. One is never a professional alone; one is always joined to a group of those who practice the same profession. Professional intuition therefore begins with membership in a profession and the demonstration of the knowledge and skills required in that profession.

Professional intuition continues, however, with reflection on what one has been given. In daily interaction one must reflect upon those instances when one's skills and knowledge are limited. Practiced reflection leads to practiced professional intuition. There is no one best way of dealing with grief. We learn all the grief theories as we attend conventions, read, and obtain training in our field. We use aspects of all these theories when dealing with a client, depending on the circumstances of that client. If we reflect on our pattern, our client, and our goal, we will be serious about exercising our professional intuition. We must reflect on previous sessions, classes, workshops. We must learn

from every professional encounter. Such learning leads to practiced intuition.

Professional intuition leads to one's believing that what he or she is doing is correct. After graduation one's success is measured not by one's teachers and theories but by one's clients and their functional living. Results do tell us something about what we do. We know, however, that results are not judged by the feelings or facts people possess as they leave the last session or class; results are judged by a lifetime. One must keep in contact with those he or she counsels after the professional relationship is over. Only in observing such lifetime results does one grow in the conviction that his or her intuition is correct and learn to adapt to different personalities. Practice does make perfect if we see the consequences of our practice.

Professional intuition always seeks coprofessionals. We must test our ideas and our practices. Every profession develops and changes—not so much in the graduate classroom but in our interchange of ideas, challenges to our intuition, and support of experimentation from our coprofessionals. We cannot be professionals without consistent challenge and support from our coprofessionals. We must seek these things by contributing articles to journals such as this one and by attending workshops and conventions that attract professionals with like interests.

Professional intuition recognizes the uncertainty of the professional relationship. Recent research reveals that only about 15 percent of medical procedures in common use are validated by sci-

tific studies. Those dealing with grief probably have a lower rate of validation. We deal with the mystery of death and life. Uncertainty is always present. The challenge for professionals is to use their theories, skills, and intuitions to help the grieving person live her or his whole life better. But also, because of life's great uncertainty, the challenge is to always be open to the challenges of others. These challenges and our responses are our avenue to living a better life.

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Marijuana Remains a Major Problem

Millions of American adults and teenagers are still smoking marijuana regularly, and users and suppliers of the drug are vigorously attempting to legalize its use in several states. They are ignoring medical evidence that the sixty-one psychoactive ingredients in the *Cannabis sativa* plant, from which marijuana is derived, can induce intoxication, hallucinations, depression, and increased heart rate, among other possible reactions. The "street pot" so widely available today in small towns and large cities from coast to coast has been found by researchers to be five to ten times stronger than it was in the 1960s. In 1988 scientists at the University of California at Los Angeles School of Medicine reported that marijuana cigarettes release five times as much carbon monoxide into the bloodstream and three times as much tar into the lungs as do cigarettes made with tobacco.

According to the *University of California Wellness Letter*, the UCLA researchers found that users of

marijuana puff larger volumes, inhale more deeply, and hold the smoke longer in their lungs. Smoking three or four joints a day, they discovered, could do as much bronchial damage as smoking twenty ordinary cigarettes. Animal studies suggest that the tetrahydrocannabinol (THC) in marijuana may impair human fetal growth.

According to the *Wellness Letter*, the effects of marijuana include "a reduction in attention span and short-term memory, an inability to concentrate, apathy, lethargy, and sometimes a feeling of anxiety or panic instead of the expected 'high.'" One of the most alarming effects of marijuana is its tendency to linger in the tissue for days or weeks, causing intoxication even when the smoker has not recently used the drug. The *Wellness Letter* concludes, "Unlike alcohol or nicotine, THC accumulates in the body. Habitual users may never be rid of it, and long-term health effects of this accumulation are unknown."

Theological Reflection in Congregational Chapters

Jean Alvarez, Ed.D., and Nancy Conway, C.S.J., M.S.W.

Something new is happening with congregational chapters. Like most of the changes in religious life over the past twenty-five years, this change is occurring through a combination of dimly perceived recognition that something new is needed and a great deal of creative exploration that is pressing back the walls of familiar chapter structures to make space for new models as they emerge.

In 1987 we came to believe that theological reflection (TR) was a structure that would allow congregations to experience at chapters the kind of dialogue and decision making that members felt was important. Since then, we have worked with ten congregations to create TR-based chapters, and they have exceeded our expectations. In this article we want to make available to congregational leaders and chapter planners some basic information about the model, as well as cues to indicate whether or not the model will be appropriate for a particular congregation.

We trace the impetus for this model to three sources: developments in chapters, insights about adult learning, and the impact of feminism on communities of religious women.

CHAPTER DEVELOPMENTS

Over the past ten years we have worked extensively with chapters of women's congregations.

What we will say about chapters is drawn from that experience, and so may not be entirely applicable to men's congregations. To the extent that a men's congregation does not fit these trends, its leaders should probably be attentive to our final section on cautions to observe before exploring the TR format for their community's chapter.

Five trends in chapters seem to pave the way for TR as a chapter structure. First, we consistently hear members express a desire to know others and to be known in relation to issues of real significance. Members generally believe the chapter content to be significant but find themselves frustrated by processes that exclusively or primarily engage the intellect. While acknowledging the value of intellectual rigor, members crave a deeper, fuller connection as well. This was most clearly expressed to us by a sister who had worked for six months on a committee preparing a directional paper for the chapter. In evaluating the chapter, she said, "The chapter itself was wonderful—I wouldn't have wanted to miss it. But the best moment for me was months before the actual chapter, when the eight of us on the committee met at my house and talked in real depth about our experiences with this topic and the understandings we have come to because of those experiences. That was one of the most profound experiences of my religious life. In some ways, the chapter itself was pretty anticlimactic." After hearing statements like

this from other chapter participants, we began to wonder whether there was a process that could enable some of these profound experiences to happen during the chapter days themselves.

A second trend we experienced was the desire to involve many congregation members as fully as possible in the chapter. The cultural impulse for broad participation in decision making has been very strong in North America and has taken the form of involving nondelegates, first as observers, then as participant-observers, and then as full-time participants. This trend called for chapter processes that could involve large numbers of people in meaningful dialogue—something that parliamentary procedure, or the structured consensual processes with their listing of pros and cons, did not make possible. We found that TR not only made this extensive participation possible but also made the involvement of many members in a TR chapter almost essential, because the process often resulted in a great experience of conversion for the participants. If only a small group of chapter delegates experiences this conversion, it may be very difficult to implement the chapter outcomes.

A third trend in many women's congregations was the desire to make decisions by consensus. This has been interesting to us because we wrote an article several years ago on consensual decision making, and we have been very moved by a few processes that resulted in the emergence of consensus in a previously divided group. However, we do not believe that most decisions are worthy of the time required for moving from division to consensus. In addition, we have come to believe that identifying conflicting positions and then overcoming them—the usual progression in consensus processes—is often unnecessarily stressful. TR can help a group move directly to consensus, honoring differences but not hardening them into conflicting positions.

A fourth trend was the increasing number of chapter members who had spent time in the Third World, particularly in Latin America, where TR has become a central part of the faith experience for many. Although there are differences among the many processes labeled TR, especially as they have developed in different cultural settings, people who have experienced any of them suspect that processes like parliamentary procedure are not ideal for building and nurturing faith communities.

The fifth and final trend relates to the second and fourth. We find that members are increasingly uncomfortable with chapter approaches that highlight the differences between chapters and other events in the congregation's life. It is true that the chapter has a special position in congregational governance, but while members are quite comfortable with special processes that flow from the unique nature of the chapter, they tend to prefer not to burden the chapter with overly elaborate or

formal processes when it is clear that simpler, less formal processes will work equally well and are more reflective of the congregation's usual way of interacting.

INSIGHTS FROM ADULT EDUCATION

As many women religious have moved out of school settings and into environments in which they are engaged either formally or informally in adult education, they have brought to their congregations an awareness of the ways in which adult learners differ from those who are younger. We will mention here just three of the principles of adult education that have implications for the structuring of chapters.

First, because adult learning is driven more by internal than by external motivation, chapters must address topics of real concern to their members. The chapter will not be a source of energy and revitalization for the congregation if it centers on a topic selected by an authority figure. Even if the chapter members select the same topic that would have been assigned by its leaders, it is the active process of diagnosing the group's needs that provides the first surge of ownership and enthusiasm for the chapter. To carry this an important step further, it is critical that the entry point to the chapter content be one of the issues identified by members as very important to them. It is quite possible that the high level of energy displayed by members as they name the agenda may plummet if they feel that critical aspects of important topics have been obscured.

Second, because adults have a rich resource in their own experience, chapters are enhanced when they use that experience as a reference point. We have come to believe that this means that experience, rather than written material or a talk, should be the starting point of the chapter whenever possible. Beginning with an article or talk, even when the chapter members are invited to apply it to their own experience, demonstrates that the experts' ideas are central and makes the members' ideas seem important only insofar as they can be related to the experts' points.

Third, because the learning environment (including such factors as mutual trust and respect, and acceptance of differences) is of critical importance to adult learners, chapters must be structured to enhance the relationships of the members. This requires processes that encourage sharing on multiple levels—affectionate as well as cognitive—and ensure that the sharing will be received in a respectful, nonjudgmental way.

IMPACT OF FEMINISM

The rise of modern feminism occurred during the adult years of most women now in religious con-

gregations. This gives them a unique perspective. They can recall the prefeminist image they had of themselves and other women when the larger culture defined what it meant to be a woman. Few groups are in a position to understand so clearly that a person's self-knowledge can be easily distorted by programming that says "This is what you have experienced. This is what you are like. This is what you can do."

Although few women religious actually participated in the consciousness-raising groups of the early feminist movement, nearly all have learned the lesson that those groups taught: education that involves the learners' absorbing the "truth" presented by outside experts can be distorting as easily as it can be illuminating. Feminism has taught us that we must start with our own experience, while always testing that experience against other sources of insight to counteract the biases inherent in it.

TODAY'S CHAPTER FORMAT

TR chapters are now fairly structured—unlike our first several experimental chapters, in which we were proceeding intuitively from processes built around directional papers and proposals to something more fluid. It is true that the content of a chapter is not clear until the chapter is formed. But the process must be clear and well-planned in order to ensure that something useful to the group does emerge and to calm the anxieties of those for whom a TR chapter seems too open-ended.

We use a five-step process drawn from the model developed for the Leadership Conference of Women Religious (LCWR). It is built upon two assumptions common to all TR methods: that this is a group process, and that no one in the group, by virtue of age, education, or position, possesses the right answer. These assumptions are reflected in the rhythm of individual reflection, small-group conversation, and large-group sharing, all of which are developed and maintained throughout the process. This rhythm guarantees that the experiences of each member affect the decisions reached throughout the process, but also that each individual's reflections are tested and modified through the group's interactions.

The five steps are as follows:

1. *Sharing experiences.* This is done in a small group, but each participant comes to the group having already reflected (perhaps by keeping a journal) on one or two specific questions developed by the chapter planning committee. The participants share their reflections.
2. *Interpreting those experiences.* The group members discuss what they have said in step 1, trying to identify what those reflections reveal to them about their underlying values, beliefs, and as-

Feminism has taught us that we must start with our own experience, while always testing that experience against other sources of insight

sumptions, patterns of behavior or interaction, or anything else that seems significant to the topic at hand. In addition, group members identify any images from scripture or incidents from the lives of their faith heroines or heroes that seem to relate to this discussion. These insights are shared in the large group to allow each group to influence and be influenced by the others.

3. *Stretching input.* In the large group, someone with expertise shares his or her understanding of the topic being considered. This is often but not always someone with academic expertise. For example, groups reflecting on the preferential option for the poor may hear from people who are poor; groups reflecting on sanctuary may hear from refugees.
4. *Integration.* Back in the small groups, the participants explore the relationship between the discussions in steps 1 and 2, and the input they have just received, considering the following questions:
 - Did the input in step 3 illuminate anything that was said in step 2?
 - Does their own experience lead them to challenge anything they have heard from the expert?
 - How is God speaking through this dialogue between input and experience? What conclusions are emerging?

As in step 2, the small group's conclusions are shared in the large group, so that each small group is able to test its wisdom against that of the entire chapter.

5. *Commitments.* In the small groups again, participants ask themselves, "If these are the conclu-

Because TR is generally a profound experience, it is essential that it be focused on worthy issues, not on topics that will come to seem insignificant

sions the chapter is reaching, what actions do they demand of us?" The TR chapter approach is unlike other chapter approaches in which there is usually some resistance to proposals for action. In fact, it is often difficult to get members to wait until the conclusions are clearly named in step 4 before suggesting actions. This seems to be a result of beginning with the participants' experience, which creates a growing certainty that "we need and want" to make these changes rather than a feeling that "we should" make these changes.

The ordering of the five steps reflects the wisdom of both adult education and women's consciousness-raising groups. The process is anchored first in what the participants have experienced and can learn from that experience, and then in a recognition that knowledge is balanced by insights drawn from beyond the direct experience of the participants. As a result, the conclusions that come out of the integration in step 4 cannot be contrary to the participants' experience, but need not be limited by whatever cultural or experiential biases are present in the group.

We encourage people to recognize that these five steps are not something foreign to their lives. Instead, they are simply a formalized version of a process we all use regularly in our lives, applied in a group setting. For example:

1. You think about something that happened in your work today. You try to remember just what happened, what you said, how you felt.
2. You try to figure out what that experience means. How is it similar to other experiences you've had? What does that tell you?
3. You get some outside input. When you get home,

you are sharing your thoughts with a friend, and the friend says, "I just read an article that reminds me of what you are saying. Why don't you read it and see what you think?"

4. After reading the article, you compare the insights it offers to the situation you experienced. Are those insights really applicable? If so, what do they tell you? What questions do they raise for you? What is God asking of you in this situation?
5. What are you going to do next? Do something when you return to work tomorrow? Do some further reading? Talk with someone?

PREPARATION FOR THE CHAPTER

When a congregation decides that TR is the process it wants to use for the chapter (generally through an education process that takes place twelve to eighteen months before the chapter), there are three ways in which the preparation will probably be different from that used in other chapter approaches.

First, the naming of issues needs to take place approximately one year in advance of the chapter, to allow adequate time for the planning committee to complete its tasks. We recommend that as many congregation members as possible be engaged in the issue-raising process and that the process be designed to point to underlying issues of critical importance, not to the surface symptoms of those issues. Because TR is generally a profound experience, it is essential that it be focused on worthy issues, not on topics that will come to seem insignificant. In this regard, we are discovering that it is best for a chapter to deal with just one or two issues. If the group has done a good job of identifying underlying issues, there are probably not more than one or two that need attention. In addition, we have found that the intensity of a TR chapter makes it difficult for members to participate effectively in addressing more than two issues.

The tasks of the chapter planning committee (CPC) are somewhat different in a TR chapter than in other models. We recommend a fairly small group of five or six people. With the facilitators, they will structure the chapter around the issues raised by the congregation members. Their primary tasks are to develop the questions that will initiate the sharing in step 1, to secure the appropriate input for step 3, and to choose small-group facilitators. Their secondary tasks (many of which could be delegated to subcommittees) are similar to those handled by the planning committees of other chapters—for example, making various arrangements and planning the liturgy.

The involvement of the rest of the chapter participants prior to the chapter itself is minimal. In most other chapter models, participants may spend six to nine months on committees, develop-

ing the chapter content. In this model, once the issues have been named, the rest of the members go on with their lives while the CPC plans the chapter. They only become actively involved again four to six weeks before the chapter sessions begin, when the CPC sends out the step 1 questions for reflection and/or journalizing. This preparation time with the questions guarantees that participants will have had time to reflect productively, so that the sharing in step 1 will be "meaty," not just the first thoughts that pop into their heads.

During this long period when only the CPC members are working, they might worry that "nothing is happening" with the other members and might decide to send them articles to read in preparation for the chapter. We strongly discourage this, since it violates the value of beginning with the participants' own experiences. The articles function as a polluting influence by causing members unconsciously to filter their experiences through the authors' concepts and thus enabling them to recognize only what the authors have told them they should have experienced.

CAUTIONS ABOUT CHAPTERS

When a congregation's leadership or CPC is considering the use of TR for an upcoming chapter, they should be aware of five factors that can work against the success of the event.

First, in some congregations the members are not expressing a desire for the depth of conversation that is characteristic of, and necessary for, TR. It may be that group members have not yet developed the communication skills necessary for a process of this nature, or it may be that a pattern of co-dependence—including the co-dependent's pattern of saying what she believes others would like to hear rather than what is actually true of her own experience—is strong in the group.

Second, some congregations are experiencing a period of division into factions. When these divisions are fairly rigid—little or no overlap among groups, limited communication among them, stereotyping of one group by the members of another—TR will almost certainly be a poor choice of chapter processes. Although the chapter planners may hope that TR will overcome the divisions, as it can in a less rigidly divided group, it is far more likely that virtually nothing will come of the chapter. Participants who are afraid to be vulnerable with one another, or who are unable to hear each other's stories without distorting them to fit their prejudices, are not capable of the kind of communication essential to TR.

Third, in some congregations the valuing of broad participation in chapters has produced an extreme situation in which practically all members of the congregation are full chapter participants. This may result in a need to tailor the chapter

When a congregation is considering the use of TR for an upcoming chapter, it should be aware of factors that can work against the event's success

processes so that they are not too rigorous for those participants who tire easily. In such cases, TR may be an inappropriate process because it demands an ability to remain attentive in a small group for fairly long periods. In our least successful experience with TR, we looked around us during a post-lunch session of very intimate sharing and saw fifteen participants dozing in their chairs.

The fourth and fifth contraindications to TR are not stumbling blocks, like the first three. Rather, they are warning signs that point to areas that need specific attention if the chapter is to be successful.

The fourth factor is that some congregations may find their members hesitant to engage in a process called theological reflection because they think it is something only a theologian can do. This may happen in a group whose members are somewhat unsophisticated and overawed by formal education and academic credentials. They will need reassurance that TR's only requirements are that the participants

- have a lifetime full of experiences,
- are willing to reflect on some of those experiences in a group,
- are willing to look at those experiences in the light of some input from an outside expert, and
- want to search, with others, for how God may be speaking through the combination of what we know through our own experience and what the experts can reveal to us.

With careful preparation, this group may turn out

to be outstanding at TR, since the members have fewer of the assumptions about "correct" answers that can hinder a group's exploration of the real meaning of their experiences. One of the most wonderful examples of the value of this naivete is Ernesto Cardenal's presentation of the theologizing of Nicaraguan peasants in his book *The Gospel in Solentiname*.

The fifth possible stumbling block is in some ways the opposite of the fourth. That is, if a number of chapter participants are familiar with various TR methods, they may compete with the facilitators, chapter planners, and one another to establish that they are TR experts. At worst, this persists into the chapter itself, and these members sow uncertainty in their small groups by making comments such as "This isn't really TR" or "We should be in the large group now, not in small groups." Generally this competitiveness can be headed off by a frank acknowledgment that this is just one of many valid methods of doing TR, and by the expression of a hope that those who know a different method will enjoy experiencing another.

With these cautions in mind, we encourage congregational leaders and chapter planners to explore the possibility of a TR chapter. If their groups have used the period of renewal for good personal, interpersonal, and corporate development, and if the members are expressing a desire for a strengthening of community bonds in order to better accomplish their shared mission, the leaders and members alike should find TR an attractive model.

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Margarine Can Contribute to Heart Disease

People concerned about avoiding coronary heart disease have for years been hearing doctors advise them to use margarine instead of butter. But as reported late this year in the *New England Journal of Medicine*, a new study conducted by researchers from the Agricultural University in Wageningen, the Netherlands, has shown that margarine contains fatty acids that actually increase the risk of coronary disease and heart attacks.

Butter has long been recognized as being high in saturated fat. This type of fat is also prominent in meats, eggs, poultry, dairy products, tropical oils, and some kinds of nuts and seeds. Margarine, on the other hand, is high in unsaturated fats, which have traditionally been thought to lower the level of cholesterol circulating in the bloodstream. But the Dutch study discovered that the trans monounsaturated fatty acids contained in margarine are as harmful to blood cholesterol levels as the saturated fatty acids in butter. The "trans" forms of fatty acids are capable of raising the blood level of harmful LDL (low-density lipoprotein)

cholesterol and lowering the level of heart-protecting HDL (high-density lipoprotein) cholesterol. A person's chances of having a heart attack are significantly increased if a disproportionate amount of LDL cholesterol is circulating in the bloodstream and forming deposits on artery walls. On the other hand, a person's chances of preventing coronary heart disease are improved if the blood level of HDL is high, since this is the substance that maintains health by eliminating excess cholesterol from the bloodstream and the body.

It would be possible for manufacturers of margarine to reduce or eliminate the trans fatty acids produced in the making of margarine, but the process would take more time and money. However, Dr. Scott M. Grundy, an expert on coronary risks of dietary fats, believes "it would be worth it to consumers' health." Nevertheless, in an editorial in the *New England Journal*, he asserts that the new findings "do not mean that people should switch back from margarine to butter." The reason: "Butter still has a more damaging effect on blood cholesterol than any margarine."

Culture Shock Afflicts Missionaries

William A. Barry, S.J.,
Sheila Campbell, M.M.M., and Judith Dieterle, S.S.L.

In June 1989 HUMAN DEVELOPMENT received a letter from Quito, Ecuador, asking that the journal take up the issue of culture shock among religious who move from the First World to the Third World to live and work. A copy of the letter was forwarded to one of us (William A. Barry) with a request for some suggestions. Barry was about to depart for a month in Brazil to lead workshops on spiritual direction. While there, he asked a number of the foreign religious working in Brazil for their thoughts on the subject of culture shock. Two responded at some length and were invited to coauthor this article.

The writer of the original letter seemed concerned about the difficulties experienced by relatively older religious for whom a move to the Third World represents a second or even third career change. The two religious working in Brazil went there in their late twenties or early thirties—one from Ireland and the other from the United States—but we have talked to men and women of different ages about their experiences upon entering a new culture. We hope that the article will be of help to people of all ages who move from the First to the Third World.

Perhaps it should be said at the outset that moving to another country or culture is not synonymous with moving into that culture. Tradition-

ally, a group that wants to maintain its own culture within an alien society has been able to do so by establishing a group cohesiveness that does not allow the alien society to influence it. In the United States the Amish are a particularly striking example. In Southern Brazil there are communities in which German and Italian are the first languages learned by children of families who have lived there for three or four generations. In many large cities of the world one finds a Chinatown. Originally the term *ghetto* referred to the Jewish section of a large city, but now it refers to any poor section of a city in which one cultural group is concentrated.

However, what is now happening on a rather large scale throughout the world is the movement of well-educated, relatively well-to-do people from First World countries to Third World countries, whether for business, government service, or international service. In many of the large cities of the Third World these people form what might be called cultural ghettos. They mix socially with others like themselves and live in comfortable, upper-middle-class areas, often symbolically (and tragically) surrounded by high walls and armed guards. They have not come to the Third World to integrate themselves into the culture, but rather to do business or to make some contribution to the

country and then to withdraw. They find numerous ways to keep themselves from being changed by contact with the new culture.

It seems that throughout history, Christian missionaries have been of two minds about inculturation. All three of us have seen missionaries to Third World countries who tried their best to become inculcated and others who seemed to want to make the Third World as much like their home country as possible. Inculturation is a complex issue with psychological, sociological, cultural, and theological ramifications. Our purpose in this article is not to paint a picture of the "good" missionary as compared with the "bad" one. Rather, we want to look at some of the complexities that play themselves out when a person from the First World moves to the Third World to exercise Christian ministry.

At the outset let us assume that there is good will, a desire to be helpful and to learn, and even an enthusiasm for the venture on the part of those who leave the First World for the Third. We would also like to assume that these people have well-integrated personalities and a relatively settled sense of their own identities as both persons and believers. People who go to Third World countries to "find themselves" or to get away from problems in their home countries can become a terrible drain on the rather meager resources of churches in the Third World. Given these assumptions, what can they expect in their new setting?

TRANSITION IS DIFFICULT

In his article "Life after Youth: The Midlife Transition and Its Aftermath" (*HUMAN DEVELOPMENT*, Spring 1982), Sean Sammon maintains that "transitional periods share three characteristics: (1) an ending, followed by (2) a seemingly unproductive time out during which a person feels disconnected from people and things in the past and emotionally unconnected to the present, and finally, (3) a new beginning."

In terms of transcultural transition, we will call the second stage a period of confusion. We have found Sammon's schema helpful in ordering our thoughts on the topic of culture shock.

Often a transition to another culture is marked in some way by a "sending"—either formally, through some ceremony of missioning, or informally, with parties, last-minute visits and phone calls, and good wishes. The goodbyes can be difficult because of the ambivalence that the person leaving often feels. The person both wants to go and doesn't want to go, and may not know what is causing these mixed feelings. The people left behind may be ambivalent as well; they may wish the person well yet be angry that he or she has chosen to go away. As difficult as the goodbyes may be, experience indicates that the adjustment to the new culture

goes better if there has been sufficient time and emotional space to say goodbye to the significant people in one's life.

Even with the best of all possible departures, the arrival in the new country can be traumatic. New arrivals come with gaping holes in their hearts because of the people and the familiar surroundings they have left behind. The loneliness can be overpowering. In a real sense, the past is their only reality. Mail and maybe the telephone are their links to that reality. One religious recalls that she would travel several miles on a daily trip to the post office and spend hours writing, reading, and rereading letters. Photographs and mementos of home often fill one's room; the cassette player may be worn out from playing music from home; one longs for, and often arranges, the smells of food from home.

Food becomes an issue in other ways. A Brazilian doctor told one of us that arriving foreigners often have the undeveloped resistance of an infant to infections. They have not attained the immunities that come from living and eating in the new culture. Most missionaries in Brazil get sick when they arrive; worms, kidney infections, hepatitis, throat infections, and dysentery are some of the more common illnesses. It may be that each person is attacked in his or her weakest organ or system. Only with time does one build up the immunities of the indigenous people. Some missionaries take to overeating to assuage their loneliness, become obese, and lose pride in their appearance. For others the problems of illness may lead to under-eating to the point of becoming emaciated.

LOSS OF INDEPENDENCE

But the most abrupt change experienced by new arrivals is the ending of their competence, especially if they have come to a country where they must learn a new language. They feel like children all over again. They are not understood by the people around them and cannot understand them. They are culturally illiterate; they do not know how to behave in this new setting or how to interpret the social signals of others. They often cannot travel alone or talk with indigenous people alone or shop alone because they have yet to learn the language. The result is a loss of independence. Many missionaries report feeling utterly incapable of doing anything. Is it any wonder that they seek the companionship of people from their own country, people who understand them and make them feel competent?

More stress can result if they join a group in which everyone else is already either indigenous or inculcated. They may often feel left out of the jokes and camaraderie. Worse yet, they may begin to wonder if the jokes are on them. Many new arrivals become oversensitive to perceived slights

and to the feeling that they are not being given credit for what they can do. It can be maddening, for example, when someone translates for you when you have actually understood what was said. It is also maddening when you cannot even make small talk and are reduced to making inane comments about the weather or communicating in sentences of the "See Spot run" variety. The trauma and stress experienced by the new arrival may also exacerbate the ordinary tensions within an existing community of religious.

New arrivals often feel spiritually starved as well. They have been used to hearing scripture read in their own language and celebrating mass daily in their own language. In some Third World countries, daily or even weekly mass is a luxury. In the home country the new arrivals may have had access to a spiritual director who had been reliably helpful. Now there may not be any spiritual directors available, and if there are, the inability to speak their language may make it impossible to profit from their presence.

Those who come from the First World to the Third or Fourth World have their noses rubbed in a kind of poverty that is unimaginable at home. It can be depressing, irritating, and guilt-inducing all at once. One feels helpless to do anything useful. One may become irritated by the filth and seediness all around. And one is plagued by guilt over one's own relative affluence.

The thing that is hardest to understand is why one is always tired, no matter how many hours of sleep one has had. Besides having to endure the wear and tear of a foreign diet and unwelcome parasites on the body and psyche, new arrivals must often devote a large percentage of their time to learning a new language. There is no real recreation time for them. At the end of a day they may be so tired that they cannot understand or say a word at the evening meal, which in the past might have been the most relaxing time of their day.

EMOTIONAL PROBLEMS COMMON

Because of fatigue and other factors, the experience of anger is very common. The brother of one of us made a transition to a foreign country and shared his frustration and anger at the electrical outlets that did not fit properly with his Western machinery ("Why don't these damn sockets work?"). Negative comparisons with one's own country are common. "Why can't they do things right?" might mean, "Why can't they be Americans (or Irish, or Germans)?" If new arrivals let such negative comparisons keep them distant from the new culture, they may just withdraw and end up being observers rather than participants in the new culture.

Not surprisingly, some new arrivals enter into strong emotional relationships with others who

The trauma and stress experienced by the new arrival may also exacerbate the ordinary tensions within an existing community of religious

speak their own language. These can be strong, dependent relationships with someone in their community or with someone of the opposite sex. Falling in love is not uncommon under these circumstances. How much of this is a factor of age and how much a factor of the new and alien culture is hard to say. But it does happen and, although the new love may be a great gift, it can also be a source of even more tension. Often it is difficult to talk about the strong emotions engendered by such relationships with someone other than the person involved, and this can be frustrating. The other becomes one's only refuge in a strange environment.

This period of ending can last some time and be quite stressful. It is normal for the person to feel an increased need for privacy and independence. It is important to help the person to accept and value these needs as legitimate at this time. Taking time for privacy and independent activity will not encourage him or her to opt out of the hard work of inculturation; rather, it will provide the needed breathing space for the transition to occur. The person can also be helped by talking with companions or a spiritual director about all the turbulent emotions generated by this period.

PERIOD OF CONFUSION

A new period seems to begin once the person has enough psychic energy left over from the daily routine of surviving to begin to let outside influences into his or her world. One religious remembers that her first sense of this new stage came

Social scientists point out that we approach any new experience with schemata or expectations that we have learned through past experience

when she complained to her friends: "It's not the language so much that is getting me down; I just don't understand the theology." She remembers the first stirrings of excitement when she began to grasp some of the fundamentals of liberation theology, but at the same time was upset because it did not fit with the God-and-me private spirituality that she had worked so hard to develop during her formative years in religious life. Another began to love the rhythms and boisterous liveliness in Brazilian music but wondered whether it was good music. Her brother in another country began to sense the value of formality in his new culture but struggled to integrate it with his own easygoing, extroverted charm.

The work of this second period consists in identifying the values in the new culture and constructively blending them into one's personal value system. The success of this integration depends on personal flexibility and a relatively solid sense of self-worth and self-esteem. One must have a certain sense of security in oneself and one's own culture in order to be able to reach out to and value another culture and its ways. Social scientists point out that we approach any new experience with schemata or expectations that we have learned through past experience (see Barry, "The Complex Nature of Religious Experience," HUMAN DEVELOPMENT, Fall 1988.) These schemata influence how we relate to others, to our world, and to God, even though we may not be aware of how we are constructing our reality. If these schemata are relatively rigid

and inflexible, we will have a difficult time learning from experience (repeatedly falling in love with someone who is abusive is an example). But if the schemata are relatively flexible, we can learn from new experiences. However, the encounter with something unexpected (something very different in the new culture, for example) will usually cause some anxiety because it calls into question our view of reality. This can be quite unsettling.

During this period of confusion, missionaries are therefore reworking their self-other, self-world, and even self-God schemata. The reworking, which goes on at both conscious and subconscious levels, is both threatening and challenging because it concerns matters of great personal moment. As the missionaries live in the new culture, they gradually form new friendships, live through historical events with their new friends, and become immersed in life and work in new ways. More than anything else, it is this sharing of life and experience that finally promotes the bonding necessary for a successful transition process. Although this period is a time of confusion and at times disconnectedness, it is also stimulating for those open to the challenge of the new.

A NEW BEGINNING

In some ways missionaries are always foreigners in their new countries, even when they become citizens. Their looks and their accents give them away. Yet there is a sense of belonging to the new culture and people. They begin to look at life through the eyes of the other culture. For some the sense of comfortableness in the new culture comes slowly; they may not even be aware of a "new beginning." For others, a certain date or place signifies arriving, belonging. Some struggle with the new culture for many years. One sister who had been in Pakistan for fifteen years said that it took her ten years to feel this sense of ease. She had been teaching in a school; only when she moved out to live among the villagers did the transition process complete its course. Such experiences suggest that institutions such as schools, hospitals, or orphanages have their own strong subcultures that can block or hinder the transition experience.

Some come to recognize that they belong to the new culture when they return to the old one. They experience the old culture as alien, even unbearable, and cannot wait to get back "home." One sister came to the realization that she belonged to her new culture, that of Brazil, when she returned there after many months away. She had forgotten so much Portuguese that she cried for the first month. In her tears she recognized her deep desire to be near the Brazilian culture and its people. In spite of her foreignness and incapacity, she felt a sense of homecoming.

One of the authors, upon first arriving in Brazil, was told by a more experienced religious: "I can understand what you are going through, but I can't help. I can't do it for you." It is true that no one can completely alleviate the stress associated with culture shock for another, but perhaps by sharing some experiences of the process we can make the loneliness of the period of insertion more bearable. That, at least, has been our hope in writing this article.

We would like to end with a sentiment that Max Warren has summed up in *Missioner*: "Our first task in approaching another people, another culture, another religion, is to take off our shoes, for the place we are approaching is holy. Also, we may find ourselves treading on peoples' dreams. More serious still, we may forget that God was here before our arrival."



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Formula Found for Reversing Heart Disease

For years patients with coronary heart disease have been asking their doctors whether it is possible to unplug arteries that have become narrowed by the cholesterol plaques adhering to their inner walls. Recently, in the British medical journal *Lancet*, they finally got a straightforward answer. Dr. Dean Ornish, of the University of California at San Francisco's School of Medicine, presented research evidence that arteries can be unclogged through diet, exercise, and stress reduction. In his year-long study, Ornish switched his patients from the meat-and-potatoes diet of the twentieth-century American to the very-low-fat diet that hunter-gatherers ate millions of years ago. Some peoples, such as the Japanese, still eat this same type of diet today. Commenting on the diet Ornish prescribed, Dr. Jean Mayer, president of Tufts University and former nutrition professor at Harvard, observed that "it is similar to the normal human diet for millions of years. We've only been eating the current diet for 100 years."

In his study Ornish divided his patients into two groups, with 22 in the experimental program and 19 serving as controls by following the standard American Heart Association recommendations for diet and exercise and receiving traditional medical care. Those in the experimental group exercised at least 30 minutes three times each week. Through relaxation techniques, including meditation, they learned to modify their stress reactions to everyday life events. They participated in support-group meetings twice a week. And—this was the most difficult task for them to accomplish—they lived on a vegetarian diet with no more than 10 percent of their calories from fat (the Heart Association recommends no more than 30 percent). Of those who followed this regimen, 82 percent showed measurable improvement in their coronary arteries. The heart condition of the majority of patients in the control group

was found to have grown worse in the course of the year. Ornish concluded, "For people who have heart disease conventional recommendations for changing life-style may not go far enough."

Ornish's diet, besides limiting fat and excluding oils and animal products (except nonfat milk and nonfat yogurt) also excludes nuts and seeds that are high in fat. It also forbids monosodium glutamate and all stimulants, coffee included. Alcohol consumption is limited to less than two ounces a day. But the high-fiber diet does permit the use of egg whites and the moderate use of sugar and salt.

The Ornish diet is described in detail in his new book *Dr. Ornish's Program for Reversing Heart Disease*, published by Random House. Containing 150 recipes, the book offers a step-by-step outline for making the radical changes that brought about the successful outcomes for so many in the study.

Focusing on the drastic changes in diet that Ornish suggests, Mayer has expressed his belief that most heart patients would not be willing to make such an effort. However, he suspects, "if they are scared enough, I think they would." Ornish, who states that he never tells people that they have to change their diet or their way of life, explains, "The point of doing the research is to find out what is true, not what is easy. I tell them, 'Here is the scientific information,' to help them make informed choices. What they choose to do is up to them." He has found that it is never too late to make a change; improvement is related primarily to how well patients follow his program, not to their age. So far he has not been able to determine whether diet, exercise, or stress reduction is the most significant component in his program. To determine this, additional research will be needed.

Blind Leadership in Stumbling Organizations

Len Sperry, M.D., Ph.D.

"Cheshire-Puss" . . . said Alice, "would you tell me, please, which way I ought to go from here?"

"That depends a good deal on where you want to get to," said the Cat.

"I don't much care where . . .," said Alice.

"Then it doesn't matter which way you go," said the Cat.

". . . So long as I get somewhere," Alice added as an explanation.

"Oh, you're sure to do that," said the Cat, "if you only walk long enough."

Lewis Carroll, *Alice's Adventure in Wonderland*

Without a vision, the people perish.

Proverbs 29:18

The point of the above quotes is that if one doesn't know where one is going, one will probably end up somewhere else, often incurring dire and unexpected consequences. Leaders who lack vision and a clear sense of mission and who are unable to galvanize members' commitment are increasingly common in organizations today—particularly in religious organizations. The consequences of having no vision or blurred vision, no mission statement or a poorly articulated one, can be quite serious. Decreased outcomes, productivity, and morale, as well as loss of the most able, committed, and psychologically healthy members, are some of the more obvious consequences of this blindness.

MISSION STATEMENT GUIDES

A mission statement is a brief, clear statement of

the objectives of an organization. This statement crystallizes the organization's vision and serves as a guidepost for present and future decisions about issues of structure, power, and resources. A truly effective statement succinctly specifies, in no more than twenty words, what functions the organization will perform, for whom, and how the organization will go about performing those functions. Establishing an effective mission statement is probably the most important task of an organization and, initially, one of its most difficult tasks. Accomplishing this objective requires that the leaders relinquish any fuzzy or grandiose thoughts about organization goals and abandon personal agendas that could undermine the organization and its vision.

Lest one think the proliferation of workshops and consultations about mission statements is another

passing business trend, take heed of these words from a prophet of old: "Write down the vision clearly upon tablets, so that one can read it readily. For the vision still has its time, presses on to fulfillment, and will not disappoint" (Habakkuk 2:2).

Critical to an organization's effectiveness is the clarity of its vision and its articulation of mission. The members of an organization need to know and understand what their organization is about and how its values drive it. Without such knowledge and understanding, the members cannot develop commitment and loyalty to either the organization or its success.

AVOIDING ACCOUNTABILITY

Many organizations seem to prefer no mission statement, or an ambiguously worded statement that does not specify a goal or a challenge, galvanize commitment, or articulate accountability. Leaders may offer any number of explanations and excuses for their organizations' failure to specify and act on a mission statement. J. William Pfeiffer, Leonard Goodstein, and Timothy Nolan, in *Shaping Strategic Planning*, contend that leaders do not take the initiative to develop effective mission statements because they prefer ambiguity about goals and outcomes and do not want to be held accountable for their actions. My consulting experience confirms this observation. I have found that there are different ways in which leaders avoid accountability, and these correspond to their basic personality styles.

NEUROTIC STYLES IMPEDE

Personality styles are stable patterns of behavior that influence an individual's perceptions, thoughts, feelings, and behaviors. The research of Manfred Kets de Vries and Danny Miller suggests that the personality style of the leader or the top managers of an organization strongly influences not only the organization's strategy but also its very structure and culture. Styles that are enduring, overly rigid and maladaptive, and have a negative impact on others are considered neurotic styles. These authors have found that organizational dysfunction can be predicted on the basis of the leader's neurotic style.

The distinction between a trait and a neurotic style must be made. Anyone can manifest one or more of the traits, or features, of any of the neurotic styles without possessing the extremely rigid, compulsive, and dysfunctional habitual pattern of the style. If, in the descriptions that follow, you recognize some traits or even the full pattern of a neurotic style in yourself, do not be unduly alarmed. Anyone in authority who takes his or her responsibilities seriously should be willing to examine his or her personality and leadership style,

since recognition is the first step in making changes or getting help. Four neurotic styles and their blinding influence on the process of formulating a mission statement will be briefly described.

Paranoid leadership is typically characterized by a hypersensitive, conservative, and reactive stance toward organizational matters. The paranoid leader anticipates attacks and personal threats from both outside and inside the organization and is quite capable of retaliation. His or her agenda is to remain vigilant and to stave off attacks that may threaten the leader's or the organization's very existence. Rather than being proactive, he or she is likely to lack consistent, concerted goals and strategic plans. The paranoid leader's general strategic goals tend to be vague and poorly defined. When an organizational vision has been articulated and a mission statement formulated, they are closely guarded for fear that outsiders will ridicule, subvert, or steal them. However, it is very unlikely that the mission statement would be publicized or that membership consensus would be involved in developing it. Not surprisingly, paranoid leadership frequently finds itself in a crisis-management mode, particularly when perceived threats abound.

Narcissistic leadership gives the impression of being friendly, sincere, and serious about the business of the organization. But behind this exterior is the narcissist's need to use the organization to reinforce his or her own grandiosity. The narcissistic leader's hidden agenda is to use and exploit the organization and its members in order to mirror his or her image of being unique, special, and important. When others fail to recognize this leader's abilities or efforts, he or she may become as rageful and retaliatory as the paranoid leader. Since narcissists often have considerable talent, power, good looks, and sometimes even wealth, others may not easily recognize their personal agendas; they come across as clever, charming, charismatic, and committed to the organization. Not surprisingly, they quickly and easily assume positions of leadership in the organization. Understandably, then, the narcissistic leader resists developing an accountable mission statement, because that would mean that the organization's focus would have to shift away from his or her needs and back to the organization's vision.

Passive-aggressive leadership is so incompatible with profit and productivity that it is rare in for-profit corporations, but it is relatively common in public institutions and religious organizations. Beneath a cordial, friendly, and complying exterior, the passive-aggressive leader is an extraordinarily angry individual who avoids expressing his or her true feelings for fear of terrible consequences or retributions. This leader's hidden agenda reflects the pessimistic belief that nothing will ever work out for him or her. Therefore, he or she guards against losing what he or she presently has by

refusing to make any substantive changes. The passive-aggressive leader tends to be chronically indecisive and unable to make up his or her mind: whether to comply with another's request or to resist it, whether to remain dependent or become independent, whether to respond assertively and forthrightly or to seethe inwardly while smiling outwardly. Typically, this leader's strategy is to continue his or her ambivalence and fence-sitting by being passive and, at the same time, covertly aggressive. Thus, he or she can announce his or her good intentions about a task, such as writing a mission statement, and then exhibit inefficiency, forgetfulness, and procrastination, thoroughly exasperating members who are serious about completing the task, and resisting their efforts. If and when this leader does complete the task, the mission statement is likely to be vague, ineffectual, and lacking in accountability.

Controlling or compulsive leadership is characterized by orderliness, rigidity, perseverance, and perfectionism. This leader's perfectionism often interferes with his or her ability to see the bigger picture. He or she tends to be preoccupied with trivial details, schedules, rules, regulations, and procedures. Like the narcissist, this leader is often a workaholic who spends considerable time and energy "taking care of business"—but he or she overworks for a different reason. While the narcissist needs to command the respect and adulation of others for his or her triumphs and achievements, the compulsive leader overworks primarily to prove to himself or herself and to others that he or she has worth as a person. This is the compulsive leader's hidden agenda. Like the passive-aggressive leader, he or she is chronically indecisive, but for a different reason. The compulsive leader is indecisive and procrastinates about every task. In developing an accountable mission statement, he or she temporizes and worries unduly for fear that it will not be perfect unless every possible contingency is considered.

STYLES USUALLY COMBINED

Although each of these four pure personality styles can be observed in leaders in organizational settings, it is more common to see combined styles. In religious organizations, a common combination is the narcissistic-passive-aggressive leader. This combination, along with some paranoid and compulsive traits, seems to characterize the leadership of many Catholic organizations. When the issue is the formulation of a mission statement, narcissism will show itself in the leaders' efforts to keep the spotlight of attention on themselves and their own needs rather than on the organization's vision while passively resisting the efforts of others to complete the task or to specify its accountability dimension. Compulsive and paranoid traits will

tend to surface in the crisis-management style of such leaders. There may be many loose ends that need tying up before the matters of the mission statement and strategic planning can even be considered. Thus, the organization can stumble along for years without a clear sense of direction, although its leaders can be sincerely convinced that they have been faithfully attending to the Lord's business.

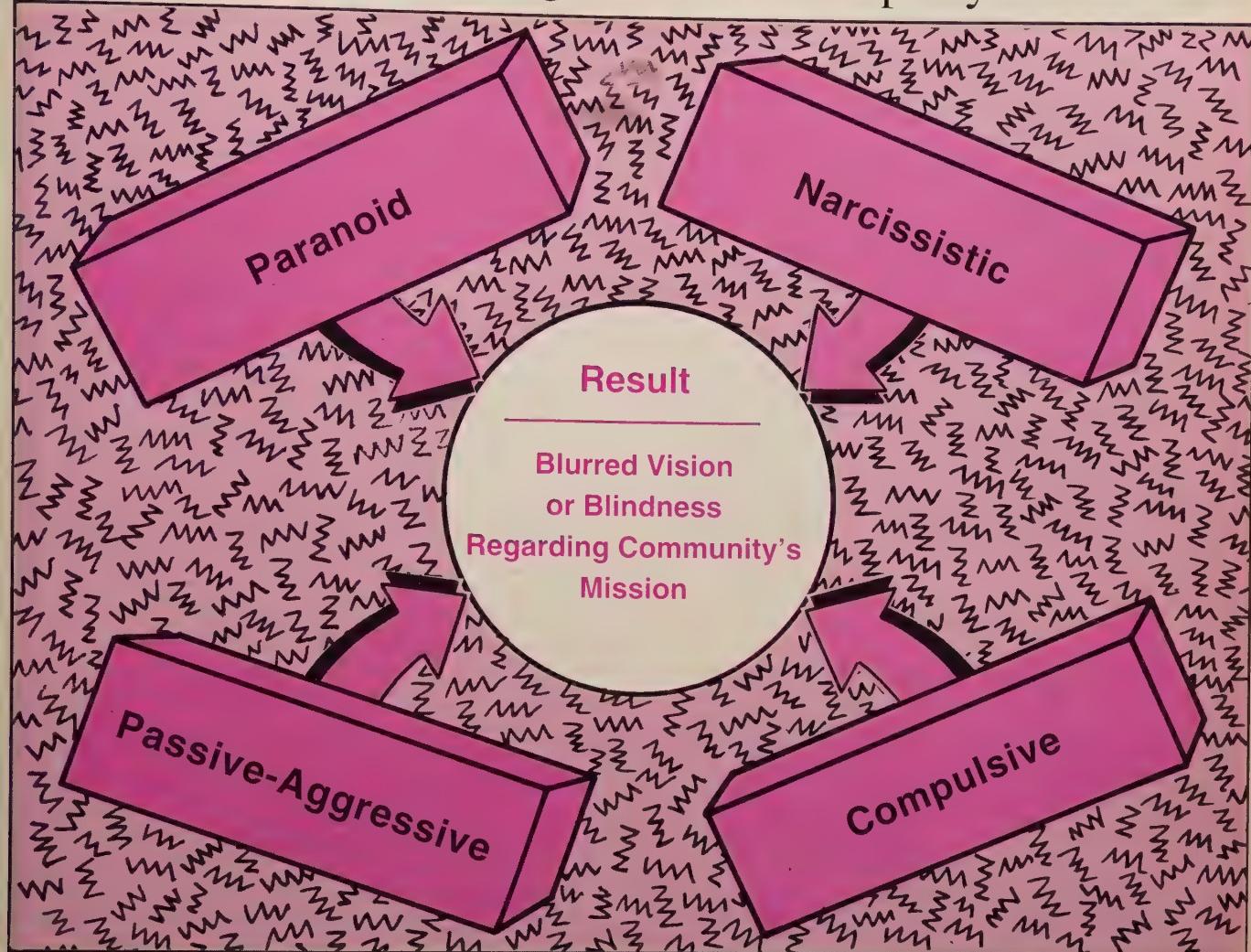
What can be done to neutralize or even to reverse the effects of such neurotic leadership? This question defies easy answers. The solution must be multifaceted. Since leaders and other top managers are responsible to boards or governing bodies and have terms of office, the matter of their continuation can be based on the likelihood of remediation and change. Outside professional consultation can be extremely useful in this regard, as well as in assessing factors of organizational strategy, structure, or culture that may be reinforcing dysfunctional behavior. Finally, an ongoing strategic planning and management system is not only a corrective for dysfunctional organizational patterns and behavior but has preventive and developmental features. The first and most critical step in strategic planning is the formulation of a mission statement.

LEADERS IN PRODUCTIVE ORGANIZATIONS

A number of effective and productive leaders and organizations have articulated highly focused, accountable mission statements. One such organization, in which the corporate mission statement doubles as its advertising slogan, is Domino's Pizza. Domino's mission statement could not be any briefer or more focused: "Pizza in thirty minutes." The message of this mission statement could not be any clearer for either customer or employee. The "what function" part of the mission statement is clearly stated, while the "for whom" and "how" parts are obvious by implication. Domino's advertising emphasizes its mission while shaping customer expectations. Consequently, customers expect only one thing from Domino's. They do not expect the world's best or cheesiest pizza; they only expect that their appetite for pizza will be gratified after a phone call and a brief wait. And if the pizza is delivered within thirty minutes, their expectation has been admirably met, resulting in high customer satisfaction and return business for Domino's. This mission statement also specifies for every Domino's employee—order taker, pizza maker, driver, manager—that the challenge is to deliver a pizza in thirty minutes or less. Employee commitment and accountability has been stunningly galvanized and incorporated within the Domino's organization. This is evident in a number of ways, not the least of which are high employee morale and Domino's meteoric rise to the top of the fast-food industry in terms of profits and market share.

Domino's success exemplifies how critical and ba-

Neurotic Religious Leadership Styles



sic a succinct, clearly stated, and accountable mission statement is for an organization. When an organization's mission is not clearly stated, there is no way to determine when or if it will be accomplished. A mission statement should provide a template for the behavior of the entire organization. Each member should know what is expected of him or her. Thus, the overall organizational mission statement must be tailored to the particular responsibilities of the various units or segments of the organization. Accountability is most likely when the mission statement is reflected in organizational job descriptions and performance standards.

On the matter of galvanizing commitment: An effective mission statement sounds a rallying cry that directly involves and energizes members of the organization—both leaders and followers—to ac-

complish their mission. Rallying cries reinforce commitment to the vision. When this envisioning process is coupled with strong leadership that articulates the vision in word and deed, the organization's commitment translates into the accomplishment of its mission.

DEVELOPING A MISSION STATEMENT

Many methods and strategies for developing a mission statement have been advocated. Despite their strengths, most of these approaches have shortcomings—in particular, an inability to significantly affect the lives of organizational members. For this reason I propose a strategy that emphasizes both the consensus process and the personalization of the corporate mission statement.

Care in the choice of leaders, outside consultation, and a formal strategic planning and management system can be powerful correctives to leadership vision problems

First, a planning group is formed that includes at least three leaders or top managers, as well as at least three representative members of the organization. This group meets and focuses on clarifying the organization's mission by reviewing the original call and history of the organization and tracing its successes and setbacks over the years. Then, on the basis of an audit or needs assessment and an analysis of how the organization has functioned and could function in the future to meet a single specified need, the group develops a succinctly written overall mission statement. This statement answers the three questions specified earlier in the article: what function, for whom, and how. Practically speaking, I believe that this statement becomes useless if it is longer than fifteen or twenty words. The shorter and more focused the statement, the more likely members will recall it and, hopefully, use it as the basis for every decision they make. The organization's foundational statement can be a more detailed description of the vision, its history, and its modes of implementation. Also, it is useful to list three to five goal statements that articulate the mission statement for given time periods (usually one, three, and five years).

Second, the consensus statement is presented to the entire organization. The task is then for the members of each unit or segment of the organization to meet and, using the overall mission statement, to develop a unit mission statement that personalizes the organizational mission statement for their particular group. Obviously, the unit statement must reflect the overall statement while

at the same time translating it to the specific tasks of that unit. Third, each member of a unit is asked to further translate (with the guidance of his or her supervisor) the overall and unit mission statements into his or her own on-the-job behavior, specifically with regard to performance standards. A performance standard is an outcome statement specifying what the member expects, and is expected to accomplish, within a given time frame. Performance standards serve as criteria for the members' accountability to their work unit and organization.

Some organizations are encouraging their members to also develop a personal mission statement that focuses on their off-the-job lives. Steven Covey devotes a major part of his book *The Seven Habits of Highly Effective People* to describing how this is done and how it can affect both professional and personal growth.

A CASE EXAMPLE

For example, a small religious order has a healing ministry based in four medium-size Catholic hospitals that it owns and administers in different parts of the same state. The order had set up a representative planning group and, after three months of planning sessions, had formulated its overall mission statement: "Providing quality hospital care to the elderly within the communities we serve by combining prayer with medicine." This overall mission statement highlighted the order's unique vision and charism: combining prayer with medicine. They did not intend just to offer quality care, nor to focus on the elderly population, as is the case in many other hospitals. Rather, they intended to clearly and consciously proclaim that their treatment approach is different. Their corporate seal, letterhead, and advertisements were changed to reflect their new slogan: "Combining prayer with medicine."

Since the hospitals were composed of four segments, or units (clinical personnel, pastoral personnel, dietary and other support services, and administrative personnel), it was reasonable for four kinds of unit mission statements to emerge. Representative groups from these units of the four hospitals met for a one-day session and articulated unit mission statements. For instance, the statement for the pastoral unit was "To maximize the healing process by ensuring that continuous intercessory prayer is personally available for each patient, in addition to standard pastoral care." The staff from this unit then specified role expectations for both chaplains and volunteer prayer intercessors, as well as guidelines for working relationships with nursing and medical personnel.

Because there were some differences among the communities and the personnel of the four hospitals, all the hospitals and their units were asked to modify their statements to account for this diver-

sity. Job descriptions and performance standards for all employees were changed to reflect these mission statements. Although the writing of a personal mission statement was not required of hospital personnel, members of the religious order were encouraged to develop such a statement as a guide for their personal and spiritual journey.

LEADERSHIP VISION IMPROVED

An effective and accountable mission statement can have a significant impact on organizational as well as personal well-being. A leader's needs and personality style can either blind or facilitate the visioning and functioning of an organization, resulting in its either stumbling and dysfunctioning or growing and functioning optimally. A number of leader personality styles can significantly affect an organization's health. Care in the choice of leaders, outside consultation, and a formal strategic planning and management system—beginning with the articulation of a mission statement—can be powerful correctives to leadership vision problems.

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Research Relates Sickness To Time of Day

Medical researchers are finding that the clock has more to do with the onset of illnesses than was previously recognized. Dr. James E. Muller, of Harvard's Deaconess Hospital, in Boston, made the first major observation. Studying computerized records of 700 patients who had experienced heart attacks, he discovered that the rate of attacks around 9 a.m. was twice as high as the rate at most other times.

Since Muller's study, researchers have found that other types of cardiovascular events, including sudden death and stroke, happen most frequently in the morning. But Muller and his Harvard associates currently believe that the high-risk time of day is not morning but the first few hours after awakening, no matter what time of day or night awakening occurs. They have come to recognize that this period is defined by an overlap of body (circadian) rhythms and other triggers for heart disease, such as a patient's emotional state.

Health columnist Elisabeth Rosenthal, reporting in the *New York Times*, writes, "The circadian patterns of cardiovascular disease have led researchers to new

insights about the numerous chemical and hormonal events that precipitate heart attacks and strokes. They have hit upon internal cycles that seem to synchronize with the misfortune of patients."

Research has demonstrated that the level of blood adrenaline, a stress hormone that intensifies the action of the heart, is highest in the morning. Moreover, the stickiness of blood platelets, small bundles of protein that contribute to blood clots, is now known to be greatest early in the day. Such evidence gives support to the theory that heart attacks most frequently result from tiny blood clots that clog the heart's coronary arteries, and not just because these arteries have become progressively narrowed by cholesterol plaques adhering to their inner walls.

Some doctors are already trying to synchronize the treatments they prescribe to these newly defined biological rhythms. Their point of reference is the brain's hypothalamus, a small cluster of nerve cells thought to be the body's timepiece.

Achieving Human Wholeness

John A. Rich, M.M., M.R.E., M.A.

Many books and articles have highlighted the saying "Wholeness is holiness." Becoming persons who are growing in the many aspects of being human can be a measure of our spiritual maturity. Included in our humanness are physical health (diet and exercise), mental health (positive attitudes and coping abilities), emotional awareness and balance, care of our basic needs and drives, and development of our willpower. In my article "Reflections on Personal Holistic Development" (HUMAN DEVELOPMENT, Summer 1990) I proposed that spiritual growth and human maturation are basically the same process, since both lead us toward becoming fully human beings, the persons God created us to be. I focused on the conscious "I," defined by Carl Jung as the center of a person's field of consciousness, which directs human growth processes as sacred journeys toward maturity and holiness.

In this article I propose that the unconscious is also involved in the journey toward wholeness and holiness. Getting in touch with and responding to the unconscious can be a source of continual growth and maturity in our spiritual journeys.

Jung asserts that besides the conscious "I," each of us also possesses a higher or deeper self, sometimes called the transpersonal self; this is one's innermost essence. It is the rarely averted to unifying center that constantly coordinates and strikes a balance between one's conscious self and the energies of the unconscious. We can become aware of our inner selves when we reflect on who we are over a range of time; when we experience the sense

of unity and harmony that endures within ourselves, whatever the outer chaos, changes, or fragmentation; and also when we experience ourselves being centers of aliveness. I believe that the inner self is where the presence of the Holy Spirit is most deeply felt. The term *self* is a more exact and specific word for what we traditionally label *soul*.

ASPECTS OF THE UNCONSCIOUS

Sigmund Freud popularized the unconscious. Jung expanded the investigation of the unconscious by studying its manifestations in vision quests, imagery, meditations, and dreams. Robert Assagioli proposed a model of the unconscious in his book *Psychosynthesis*. Following Jung, Assagioli posits two aspects of the unconscious: the personal and the collective.

Assagioli cites three levels within the personal unconscious. The lower unconscious represents our drives and primitive urges, and it is where the repressed and unacceptable parts of our personalities are buried. The middle unconscious is where our recent past experience is stored. The higher unconscious houses our untapped potentials and inspirations. Within our lower personal unconscious there exists what Jung called our shadow. This shadow represents unacceptable qualities, feared drives, and passions, which we tend to deny and bury in the lower unconscious. As we grow and develop via activation of the unconscious, potentials in the higher unconscious become actualized in consciousness, and repressed materials or expe-

riences in the lower unconscious surface to be dealt with and healed.

Because of traumas, early training, and environmental pressures, we all grow up with some negative experiences lodged within that have taken on a sort of personality of their own. Jung calls these subpersonalities, which seek acknowledgment, acceptance, and integration so that their energies can be transformed rather than buried. We all have our own retinue of subpersonalities, such as the Seducer/Seductress, the Gambler, the Alcoholic, the Bitch/Bastard, the Avenger, the Critic. When subpersonalities are not acknowledged and integrated into our consciousness, they tend to sabotage our conscious behavior every now and then.

Our higher, middle, and lower personal unconscious is also influenced by and immersed in the collective unconscious. For Jung, the collective unconscious consists of the energies, wisdom, ideals, and patterns that exist in the collective psyche of the human race. It is like a kind of psychic DNA—a species-wide unconscious of *Homo sapiens*. We are surrounded by a vast historical field of human experience that is potentially available in many forms. Jung called these energetic forms archetypes; he believed they appeared in every race, culture, people, and time. Archetypical images are familiar to us in the varied arts, religions, and mythologies of different peoples. Some of these figures include the Ideal Mother/Father/Boy/Girl, the Witch, the Tyrant, the Hero, the Savior, the Sage, and the King/Queen. Archetypes are a powerful source of inspiration.

SELF-KNOWLEDGE ENABLES INTEGRATION

In the spiritual journey toward self-knowledge, each of us is challenged to grow into a full human being. The task of the conscious self, the "I," is to encompass the contents of both the personal and the collective unconscious. This means developing our potential powers and energies, both conscious and unconscious. Assagioli suggests that the way to harmonious inner integration and true self-realization is through knowledge of one's total personality. This journey leads toward the realization of our true inner self and to personal encounters with God.

Self-realization is difficult. We have to learn to activate our potentials on many levels. Our conscious "I," or self, may want to remain in exclusive control and not allow the deeper, mysterious levels of self to surface. As we become aware of these levels we may fear that repressed emotional and mental turmoil will be unleashed. We may even discover that we need therapy to help in this process of acknowledgment, awareness, and integration. I remember one night when I was in clinical pastoral training at a mental hospital in Chicago, Illinois. After a full day of encounters with patients and co-chaplains, I lay down to sleep, but

sleep would not come because something inside wanted to surface. I felt I was being overwhelmed by continual typhoon-size waves. I feared I was going to lose my mind or be swept away. Only when I accepted the chaos and allowed that unknown content to surface did peace and understanding return. However disconcerting the journey, I believe the rewards of human fullness, joy, and mysticism are well worth the quest to become the complete persons God created us to be.

SURFACING THE UNCONSCIOUS

Both Jung and Assagioli used techniques to evoke unconscious content. A journal in which we carry on a dialogue with this content can bring to the surface our positive personality traits, as well as other materials that may be emotionally charged and involve phobias, feelings of inferiority, polarities, and conflicts. We can use free drawing or word association to elicit content from our unconscious. We can also use calming techniques such as deep breathing in order to free our active imagination, which produces images and fantasies from our inner life. Guided affective imagery (sometimes called directed daydreams), done with a competent guide, induces a meditative or daydream state and puts us in contact with our deeper powers. Meditation, especially centering prayer, can also enhance contact with the unconscious. Whatever techniques we choose, it is always good to have a spiritual director, therapist, cotraveler, or friend to accompany us, since it can be a frightening as well as an exciting adventure.

HEALING CAN RESULT

A process or journey that acknowledges and integrates content from the unconscious leads to transformation and healing. It can put us in direct contact with the mystery of imminence and transcendence: we experience our own hidden, unforeseen, and unknown aspects, as well as those of God. Such growing awareness of the unconscious is called inner work by Robert Johnson. He claims that the unconscious invades our conscious minds and attempts to express itself through the imagination, using the symbolic language of feeling-charged images. We need this inner work of prayer, meditation, dreams, and active imagination to be able to live richer and fuller lives. If we neglect to do our inner work or ignore the existence of the unconscious, then the unconscious will usually find a way into our lives, perhaps through some kind of pathology—psychosomatic symptoms, compulsions, depressions, or neuroses. Johnson's book *Inner Work* provides a practical, step-by-step approach to gaining awareness of the deeper layers of ourselves and moving toward an integration of the total self. In the active imagination we can bring to the

surface unconscious materials that need to be made conscious and thereby enter a healing process. The feeling-charged images or symbols are experiences of aspects of ourselves. They are not so much "talking to myself" as talking or listening to "one of my selves." In my own active imagination, my initial journey was the quest for the Holy Grail. I, John Rich, was knighted by King Richard the Lionhearted and received on my coat of arms the lion rampant. It was a reminder of my need for courage. In order to remain consciously aware of my quest, I made a shield with a lion holding a sword (for willpower), which hangs on the wall. I also keep a lion figurine on my desk.

St. Ignatius taught imaginative meditation based on biblical passages. A biblical passage is selected, and the reader projects himself or herself back into the historical event to try to become part of the scene. Reliving the event in an affective manner can bring to the surface insights from the deeper self. Carolyn Stahl, in her book *Opening to God*, lists many techniques to help integrate our logical, intuitive, and imaginative modes of consciousness with the unconscious. She suggests meditation, with the Holy Spirit as guide, in which we unloosen our conscious control of what we think is important and let the Spirit cause insights and material for our spiritual growth to surface.

GUIDANCE THROUGH DREAMS

Many have found attention to dream content a preeminent way to receive messages from the unconscious. The Bible is a good example of the validity of the use of dreams in the quest for enlightenment about ourselves and our role in bringing about the Kingdom of God. The biblical people in both the Old and New Testaments regarded dreams and visions as messages from God. The Hebrew root word *chalam*, meaning to be healthy or strong, is the same root word for dream, vision, message, and messenger (angel). Most of the Old Testament heroes were affected and guided by messages that came through dreams, visions, or angels. The list is formidable and includes Abraham, Jacob, Joseph, Moses, Gideon, Samson, Samuel, Saul, David, Solomon, and many of the prophets. In the first two chapters of the Gospel of Matthew we discover five dreams that affected the lives of Joseph, his family, and the Wise Men. In other New Testament stories there are visions that come to Mary, Zachariah, Jesus at his baptism, temptation, and transfiguration, Peter and Cornelius at Joppa, Stephen, and Paul. John Sanford, in his *Dreams: God's Forgotten Language*, states that the entire Bible is the story of God's breakthrough into peoples' conscious minds via the unconscious.

These ideas about dreams are reinforced by John F. Priest in his article "Myth and Dream in Hebrew

Scripture" (in *Myth, Dreams and Religion*, edited by Joseph Campbell). He concludes:

In the Old Testament not only does God speak in the dreams but men answer and on occasions lengthy conversations are recorded as taking place in the dream. The dream was considered by Israel as related to and even on a par with not just vision but that Supreme Hebraic expression of the mode of God's self-disclosure and communication—the Word itself. The men of Israel believed that their God communicated with them by word, by vision and by dream.

Amos N. Wilder, in his "Myth and Dreams in Christian Scripture" (also in the Campbell book), investigates the New Testament and states:

The Christian Scripture gives us a wide documentation on dreams, visions and associated media of revelation and wisdom. Their origins and operations are referred to the Spirit of God and their import is construed in terms of the message and mythos of the movement which of course had its tap root in the history of Israel.

Modern psychology can also help us understand the phenomenon of dreams. Jung stated that the general function of dreams is to try to restore our psychological balance by producing dream material that reestablishes psychic equilibrium. Science seems to confirm this; it has been discovered that if people are denied sleep and are thus prevented from dreaming, they may become emotionally disturbed. Even when we are not consciously aware of dream content, our psychic system constantly works to keep us in balance. How much more balanced and integrated we might become if we consciously dealt with our dreams. A caution is in order, since the dream material is in symbolic form: dream interpretation is difficult. It is always good to have another person help in interpreting our dreams. Yet we also know that the dreamer is the one who ultimately resolves and is affected by the message of the dream. Counselors, therapists, and spiritual directors analyze their clients' dreams to help them respond to messages that come from the unconscious.

Since these dream symbols arrive from the unconscious, where there resides an image of the person created by God, that full human we were made to be, dream interpretation is a fascinating, exciting and mysterious journey. There are rich insights and great benefits in store as we discover our inner selves with the guidance of the Holy Spirit. We may receive guidance that relates to our role in God's reign.

Through our dreams we may become aware of reminders, warnings, solutions to dilemmas, and insights regarding our strengths, weaknesses, and potentials. In addition, we may gain clarification on how we are dealing with the day-to-day flow of

life. I call these dreams "Mayor Koch" ("How Am I Doing?") dreams. Some dreams deal with our life journeys. Elements of our past history, with its hurts and fears, may surface so that we can begin a process of healing through acknowledgment and acceptance. We may gain insight into our relationships, attitudes, and values, which may need adjustment. Sometimes unusual dreams seem predictive of the future or contain archetypical figures from the collective unconscious. Dreams can help us on our journey to wholeness and holiness.

SOME SUGGESTED GUIDELINES

The interpretation of dreams needs guidelines. There are often meanings of varied depth in a single dream. The feelings expressed or experienced, as well as the mood tone of the dream, are very important. Some guidelines I have developed for myself are:

1. Others can help us see the meaning of our dreams.
2. The dreamer is the one who ultimately realizes the meaning of a dream.
3. One night's dreams are usually connected, but not always.
4. The feelings and mood experienced in the dream are very important.
5. Dreams offer us new information and insights.
6. Dreams can use overkill to get our attention.
7. When the interpreted meaning fits, there is usually an inner response—a "click," or an "aha!"
8. Most, but not necessarily all, symbols in dreams represent some aspect, pattern, characteristic, or trait of the dreamer.
9. Dreams about the past usually have a present significance.
10. Puns, because of their double meaning, are often good clues in the interpretation of dreams.

In *Dreams and Spiritual Growth: A Christian Approach to Dreamwork*, dreamwork is presented as one way of consciously getting in touch with God's will for us and cooperating with it. Dreamwork is a process of gratitude and love—gratitude for the gift of the dream and love for God, the ultimate source of the dream. The book's Dream Technique No. 2 is a simple way to help begin an inquiry about the meaning of a dream. After a dream is recorded, there are four steps to follow: (1) give the dream a title, (2) write the dream's main theme, or major issue, (3) list the affect (that is, identify the feelings or emotional states in the dream), and (4) determine what question the dream seems to be asking.

A valid interpretation of a dream usually shows us something we did not know. It does not overinflate our egos, but it could certainly affirm us and

make us feel good about ourselves. Taking responsibility for our dreams can help us on our journey to wholeness and holiness. Dreamwork is serious business. Sometimes a dream inspires us to do something or to resolve to activate the message in our lives. Robert Johnson suggests that we enact a ritual to honor each dream after we have worked on it, such as a physical act that will affirm the message of the dream. The ritual, small and simple, should represent the inner attitude or change that the dream suggests. We could do anything in honor of the dream: light a candle, take a walk, eat something, draw a picture to represent it, or even buy something in memory of it.

QUEST IS SACRED

Where do these reflections on spiritual growth, wholeness, and the unconscious lead us? I believe they urge us to the challenge of attaining spiritual growth by cultivating and benefiting from our unconscious. The journey to wholeness and the quest for the holy grail of personal sanctity can be considered parallel, similar, or identical. For me, since I believe all of life is sacred, they are one. Achieving our human wholeness by including the unconscious is the process of becoming what God created us to be. Being fully human is a sacred quest, since we are sacred beings. In the struggle for human and spiritual growth, we can help and be helped along the way by each other. Together we can strive to be the persons God created us to be: fully alive and fully human. Together we can further the advance of the just and loving Reign of God. Discovering, integrating, and working with our total selves, conscious and unconscious, we can begin to initiate an increasingly conscious universe: all of creation in God, and God in all of creation, consciously.

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Seeking an Apostolic Spirituality

Frank Quinlivan, C.S.C.

We live very active lives; we are often terribly busy, rushed, pressured, and obligated. While we hold those called to cloistered and contemplative lives to be a precious gift and an indispensable sign to the church and to society, we know that the vast majority of us must live out our faith in active ways and find our spiritual lives in an active world.

We realize that age and infirmity may someday require us to make the difficult adjustment to a less active, more hidden life, but while we are capable of activity and work, we feel called to be active and working.

It is no secret to us that we can easily "get lost" in our work. We can drown in it. Activity can lose its context for us, its meaning and purpose. We search for a spirituality that fits our lives and holds them in perspective for us. We look, then, for an apostolic spirituality.

What type of spirituality is proper and necessary for active, apostolic people? While this article deals with this question in the context of active apostolic religious communities, what is suggested can apply also to all who are attempting to live out their lives as believers in an active way.

ROOTS ARE MONASTIC

Founders of active religious communities, while endowing their daughters and sons with their own vision, charisms, and devotions, tended to hold on

to much from the monastic roots of religious life by way of their imparted spirituality. Prayer was apart from what one did. Prayer was a desert experience, a mountaintop time away from activity. In more cloistered times, in a slower-paced age, this fit more easily within a life of ministry. Today such prayer does not always seem suited to active apostolic life. The integration of prayer and ministry as essential elements of our lives has become a problem and a frustration.

While our rhetoric, constitutions, and community documents often portray the major components of our lives—prayer, community, and ministry—as parts of a harmonious whole, forming and informing each other, integrated with and flowing from and toward each other, our lived experience is that they often war with each other. There are only so many good hours in a day. Ministry in a hungry human world could take our every minute. How do we balance these three parts of our life when our experience is that they take time from each other? Rather than seeing them as a harmonious whole, we experience conflicting demands, frustration, and often guilt.

Every human being needs some time away. There are times when we must stand apart and alone before God. For those involved in active ministry, however, such times are few and often brief and, therefore, especially precious. To sustain ourselves over the long haul and to grow, we must find ways to have a constant spiritual life in the

midst of our work. Withdrawal, solitude, and quiet are not our daily bread. We can feel inadequate and stymied because we cannot live up to the expectations of the more monastic model of spirituality in which many of us were trained. The concern and the search for an apostolic spirituality, one better suited to the active life of ministry today, has grown out of this tension.

VISITATION PROVIDES MODEL

I would like to propose a reflection on the Visitation, Mary's journey to Elizabeth and her time with Elizabeth, as a model for such a spirituality. We are all familiar with this beautiful story of Mary. Surely, contemplation was not foreign to her. The gospel portrays her as a deeply contemplative person. In solitude, we are told, she pondered many of the events of her life, both joyful and sorrowful.

Mary, a fourteen- or fifteen-year-old girl, has just had an overwhelming spiritual experience. It was an unexpected and troubling yet powerful experience of God's love for her, which was personal, intimate, and beyond her understanding. She has been called by name—chosen. God is now alive not only in her heart but also, because of her trust and therefore her willingness, in her womb. She was initially troubled and frightened but has now surrendered herself to profound peace and delighted joy. She feels both humbled and exalted. She is deeply in love with her God, whom she knows is deeply in love with her. Surely she wants to be alone with this experience and to withdraw into contemplation of it. Her heart would seek solitude to be alone with her God alive in her.

She has been told, however, that her cousin, Elizabeth, has finally conceived a long-hoped-for child. With her own experience so new, she nonetheless rushes from Galilee to Judea to be with her cousin. She sets off in haste, with an urgency to be there.

The dialogue of their meeting has been preserved forever in Christian prayer. It is a mutual outpouring of faith and love, an explosion of joy and peace, a sharing of the goodness of God in their lives and the thrill of pure human excitement.

Mary stays on with Elizabeth for three months, while God within her takes on human form, to look after her cousin and to be with her. She is there to do all the necessary things until her cousin's son is born. Only then does she return home.

The elements of Mary's response outline for us the elements of an apostolic spirituality: a spirituality with service at its core, characterized by self-forgetfulness and a profound sense of urgency that brings Christ to those who need him—one built on the sharing of faith, bursting with joy.

I would like to look at each of these elements in some detail in an attempt to show their part in an active, apostolic spirituality.

SERVICE IS CENTRAL

Mary is drawn to be with Elizabeth and to serve her. Mary comes to do the humble chores of service for her cousin, who is now six months pregnant. Elizabeth is clearly overwhelmed by this response of Mary, who has traveled such a distance to be with her. "Who am I that the mother of my Lord should come to me?" she asks.

The heart of apostolic spirituality is service—the ministry we render. We do not withdraw from ministry to see to the spiritual; the ministry is the spiritual. We do not seek to balance the two; they are one.

What we do for others we do both for and to the Lord. The new commandment is that we love one another and wash one another's feet. We are sent into the world not to be served but to serve and to offer our lives for others.

I am often baffled by the much-quoted admonition that while our work is holy, we cannot make our work our prayer—that we must not confuse the two, under threat of dire consequences to our spiritual lives. Why can we not see our work, our ministry, as the very core, the substance, of our prayer?

If our ministry is the way in which we lay down our lives for others—which is, Jesus tells us, the greatest love—then how can our ministry not be the very core of our prayer?

SELF-FORGETFUL, OTHER-ORIENTED

Mary obviously has much of her own in which to be absorbed. She is to be the mother of the Messiah now alive within her. She shows, however, a total self-forgetfulness and a stunning generosity. She focuses herself on the needs of Elizabeth.

Apostolic spirituality must be self-forgetful and other-oriented. In today's society, which more and more prizes self-fulfillment, taking good care of oneself, tending to one's needs, and being self-assertive, apostolic spirituality calls us not to be self-absorbed. There is not only the selfishness of an "I got mine" culture to contend with, but also the edicts of self-fulfillment from much of popular psychology, which has taken on religious overtones. To be self-assertive regarding our own needs, we are told, is the path to health and healthy personality development.

Many spiritual workshops today seem to have made the psychology of self-fulfillment the basis for holiness. To be other-oriented, to lay down one's life for the needs of others, is dismissed as unhealthy. The path to holiness, happiness, and health, we are told, is in taking care of ourselves.

Apostolic spirituality asks of us a profound and generous self-forgetfulness. If we are to find God, we must first see God in others and, in a special way, in their needs. Then we will be able to find God in ourselves and, perhaps most powerfully, in

Ministry must be a fire in our heart that seeks to spread fire on earth

our needs. To concentrate on ourselves and on our needs is to create a "black hole" into which everything and everyone can be sucked. God knows what we need better than we do. Everything we need will be given to us if we seek first the kingdom of God. If we lose our life for others, we will gain it. If we seek to gain our life, we will lose it.

A SENSE OF URGENCY

Mary, we are told, went "in haste" to Elizabeth. There was an urgency to be there for Elizabeth. Apostolic spirituality must imply a passion for ministry, a zeal to be about God's business. Apostolic spirituality means an urgency for the Kingdom that "eats us up." If service and self-forgetfulness are parts of apostolic spirituality, they will express themselves in a sense of urgency.

When Jesus tells us not to worry about tomorrow, he is telling us to concentrate on today and to pour ourselves into it. Ministry must be a fire in our heart that seeks to spread fire on earth.

Apostolic spirituality requires a genuine single-heartedness and as much wholeheartedness as we can muster. We are called to pour ourselves out in a sustained way. Apostolic spirituality motivates us—literally moves us. No one can read the gospel without seeing this motivation in Jesus, his burning zeal and his urgency. "Work while you have the light." "The harvest is great and the workers are

few." "The children of the dark are much more enthused than the children of the light." "I have come to spread fire on earth and how I long for it to be ignited."

As we cannot accept the gospel with complacency, so we cannot serve it in a complacent way. A spirituality that is apostolic must be alive, even driving and consuming. It involves the firm belief that ministry is important and that its very urgency is the urgency of God that the gospel be preached to all peoples, to the ends of the world, until the end of time.

BRINGING CHRIST TO NEEDY

Mary brings the Lord, alive in her, to Elizabeth. She bears Christ to Elizabeth as she will bear him to the world. Apostolic spirituality recognizes that we are to bring the Lord with us wherever we go, to bring him to light. We also realize that we will find him already present wherever we go. We are to make the Lord manifest, present, and visible through ministry. Apostolic spirituality is always incarnational. We do not minister and then retire back to the Lord in prayer. We bring our God and find our God, alive and active, wherever we go.

The goal of all spirituality is the transformation of ourselves and others into Christ, alive in us. "Have in you the mind of Christ." "I live now not I but Christ lives in me." "For me to live is Christ." This transformation is achieved as we consciously attempt to help others discover Christ in their midst.

Apostolic spirituality will focus on the presence of the Lord in ourselves, in our ministry, and in those to whom we minister. The Lord who has promised to be with us always will be found marvelously incarnate in the ministry itself. Prayer will be in the increasing awareness of that presence. If the Lord lives in us and if the Lord comes to us in those whom we serve, then our spirituality can exist in the noise of the world as well as in the quiet of our hearts.

SHARING PERSONAL FAITH

Mary and Elizabeth give us a wonderful example of faith sharing. They proclaim to each other the working of God in their lives. Faith sharing is a key element of apostolic spirituality. The revelation of God goes on in each of our lives. Each life is a salvation history; God does great things for each of us.

Faith sharing is simply a meeting of believers in which we can each articulate the work of God in us. It is a sharing of our awareness of the continuing creative work and revelation of God in each of our lives. Each life becomes for us a book of revelation.

What flows from this faith sharing is a deepened awareness of God in each person. Praise, thanksgiving, adoration, contrition, and petition: words

from our hearts, welling up from such awareness, are the heart of prayer in an apostolic spirituality. This helps us to live reflective lives in God's presence and to hear the Lord speak to us from the lives of others.

FILLED WITH JOY

The Visitation is called a joyful mystery. The story bursts with joy. Even the baby in Elizabeth's womb leaps for joy. Apostolic spirituality must be characterized by profound joy. A spirituality that is deadly serious is probably simply deadly. Teresa of Avila prayed God to spare us from "long-faced saints."

A spirituality that seeks to join the kingdom of heaven to earth must surely reflect the joys of heaven. We should not be suspicious of happiness. The world is a gloomy enough place without people who supposedly live by faith and hope adding to the somberness.

A sense of joy and humor is the clearest sign of the perspective on life that faith should afford us. An apostolic spirituality should bring into our lives much to celebrate. Our spirits, like Mary's, should rejoice.

In conclusion, I would simply propose that we all continue to consider the form that an apostolic spirituality might take for us in our time and in our culture. Perhaps an event as ancient as the Visitation holds a hint for us.



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Garlic Studies Suggest Health Benefits

For more than four thousand years garlic has been extolled as a preserver and restorer of health and youth. In support of this belief, recent studies, reported at The First World Conference on the Health Significance of Garlic and Garlic Constituents, in Washington, D.C., suggest that garlic has the ability to suppress the formation of cancer cells, reduce cell damage caused by pollutants, radiation, and aging, and counter blood conditions that promote atherosclerosis, heart attacks, and strokes. But despite enthusiastic recognition of the successful use of garlic in experimental situations, writes health columnist Jane E. Brody, "researchers are far from having established in a scientifically acceptable manner that garlic or its chemical constituents would be clinically useful as adjuncts to or substitutes for remedies like drugs and surgery. Many more studies of effectiveness and safety are needed before garlic preparations can be rationally used as medicine."

Researchers have found that some forms of garlic have serious toxic effects and, when taken in large quantities, may cause stomach ulcers, anemia, severe allergic reactions, and suppression of testicular function. Nevertheless, in some parts of China people eat an average of five cooked cloves of garlic a day; it is a regular feature of their diet. Moreover, in China and Japan garlic preparations have for centuries played a role in traditional medicine.

Results of animal experiments with garlic give rise to hope that clinical applications for the benefit of human patients will soon be found. Scientists at the conference reported that garlic or its active ingredients can (1) suppress cholesterol synthesis by the liver, lowering total blood cholesterol and reducing only the harmful LDL (low-density lipoprotein) cholesterol while

leaving protective HDL (high-density lipoprotein) cholesterol at normal levels; (2) lower body levels of triglycerides—fats that have been linked to coronary heart disease; (3) reduce the tendency of blood to clot, and help the body dissolve existing clots—effects that could prevent strokes as well as heart attacks; and (4) decrease the rate of occurrence of stomach cancer. A possible explanation of garlic's ability to achieve this last result is its power to block the formation of nitrosamines, a class of potent carcinogens, in the digestive tract.

A three-year study at Tagore Medical College, in Udaipur, India, examined the effects of daily consumption of garlic juice in milk taken by 432 coronary patients who had already suffered one heart attack. Those who took this dietary supplement suffered fewer additional heart attacks, had lower blood pressure and serum cholesterol levels, and were less likely to die during the study. At the end of the experimental period, nearly twice as many patients had died in the control group not taking garlic. The results suggested that garlic worked to the patients' advantage by dissolving the atherosclerotic (fatty) deposits in their coronary arteries.

Dr. Robert I-San Lin, who organized the conference, suggested that people who can tolerate garlic would be wise to eat it at least every other day in cooked form. He recommended, for those wishing to avoid garlic breath, the use of a deodorized garlic supplement sold in health stores under the trade name Kyolic. But Lin also warned consumers not to use garlic or garlic supplements to treat disease "until the safety and efficacy of their use have been [scientifically] well-established."

Change Agents in Religious Life

David Coghlan, S.J., and Richard N. Ottaway, Ph.D.

In the process of social change—that is, in changing routines or habitual behaviors—the people who help the change take place are important. When we think of change within religious orders, we may readily think of provincials and superiors who have brought about change in communities, apostolates, and provinces. We may think of companions who have agitated for change, sometimes at personal cost. We may think of companions who have appeared to be uniquely creative in having had a vision for ministry that later grew to be established and accepted. We may have had the experience of being an outside facilitator at a chapter or a consultant in a ministry. We notice that when the community at large adopts something new and implements it, the change is solidified.

The term *change agent* appears frequently in the behavioral science literature. Many texts on organizational development include a section on the consultant as change agent. Change agent can be defined according to a specific situation. For example, in the case of a superior or provincial who brings about an institutional change, the change agent is the authority figure who authorizes the change. The originator of the change may not have been that superior. In the long run, the implementor of the change is not the superior but the members of the community. So the reality is that everyone is a change agent to some degree: some are the generators, some are the implementors, some are

the adopters. This article presents a taxonomy of change agents in religious life in relation to the change process as conceptualized by Kurt Lewin. This taxonomy is based on the one created by Richard Ottaway and adapted for religious life.

THREE STAGES OF CHANGE

Kurt Lewin, often called the father of social psychology, pioneered the science of group dynamics and planned change. He developed three stages of a change process. In the first stage, the unfreezing stage, the motivation to change is created. There can be an experience of pain or dissatisfaction with a present situation. The driving force for change may be a desire for relief. The dissatisfaction may arise from a perceived discrepancy between what is and what ought to be. External pressures to change may be brought to bear. The move to change can arise from the internal thrust toward wholeness, health, or growth.

In the second, or changing, stage, the focus is on developing alternatives to the old situation. New information may be needed. There may be a cognitive redefinition of assumptions, beliefs, and values. Experimentation is normative. At this stage the process is one of assimilation of the new information.

The third stage is what Lewin calls the refreezing stage. Refreezing, often ill-defined, is critical to change. A common problem in any change en-

deavor is that of stabilizing the new normative pattern of behavior. Many individuals, groups, and organizations undergo a change process only to revert to their old patterns some time later. This third stage aims at integrating the change into the new pattern so that it survives. This new state remains semipermanent until it is unfrozen by new requirements for change.

Lewin's research showed that attention to all three stages is critical. When there is a lack of attention to unfreezing—that is, when the motivation and desire for change are neglected—there is typically coercion for change. Those who are unfrozen pressure those who are not, and this increases resistance. While resistance is an inherent element in change, forces that increase resistance are unhelpful because they generate issues that are not central to the change. Lewin found that interventions to help reduce resistance rather than to increase the drive for change are more productive. Attention to the unfreezing stage is critical because if there is no felt need for change, any efforts will meet with resistance. Also, the changing stage is probably where most attention is focused. There has been a lot of experimentation in religious life—in new forms of ministry, community life, and government. Expert help from facilitators and consultants has been widely utilized. The refreezing stage is defined in terms of the change's integration into the normative pattern of behavior. This typically demands institutionalization processes. Some forms of social support are required, whereby maintaining the new behavior is rewarded.

A TAXONOMY OF CHANGE AGENTS

In the literature on organizational development, several points emerge from the studies and research on change agents. The change agent is seen as a person or group engaging in a particular set of behaviors. Most of the research has focused on activities such as entry, diagnosis, and strategy. Most definitions of change focus on the change period of the process; there is a notable lack of emphasis on the persons and their behaviors in the other phases.

Our taxonomy of change agents develops the definition of change agents to meet these deficiencies. Ten groups of change agents are named in the taxonomy under the three major phases. The process begins with the change generators, who are trying to unfreeze the stability of the old behaviors. They are followed by the implementors, who are usually within the system, working to implement new behaviors once the system has decided to change. In order for the change to be institutionalized and survive, a third group, the adopters, performs the important task of practicing the new behaviors as the new habits of the social system. In the context of religious life, the taxonomy can

clarify the key agents in the process of the renewal of religious life and religious apostolic ministry. The assumption is that such a clarification can significantly contribute to an understanding of how change takes place and, subsequently, how change can be better managed. This is perceived as a valuable skill in the theological construct of a pilgrim church and a community of disciples, which have a developmental framework in which change is inherent. It also provides a framework for applying the recognition of different gifts to the change process.

The history of religious orders over the past twenty years yields an abundance of material on change and the roles of different groups of people in promoting change.

CHANGE GENERATORS

Key Change Agent. The key change agent is the first converter of an issue into a felt need. The person who selects the right issue at the right time and converts it into a felt need for the right target population, using the right method, approach, and values, is a key person in the change process. This person is often the pioneer, the one who stands alone. An example of a key change agent might be Teilhard de Chardin.

Demonstrators. The demonstrators demonstrate their support for the process set in motion by the key change agent. They are the first in the line of confrontation between the change agents and the change resistors. They defend the barricades. They must be able to take conflict, confrontation, rejection, and visibility. With visibility comes a hostility unique to all levels of change. Resistors to the change see the demonstrators as untrustworthy, aggressive, or irresponsible, as not having thought out the change as thoroughly as they might have. The South American church in recent times has produced its share of demonstrators—courageous men and women who have confronted injustice and died for their faith.

Patrons. The task of the patrons is to support the change process once it is underway. Patrons typically exercise influence and show support by writing or by speaking up for the change in meetings, while at the same time not engaging in the agitation for the change. Typically, patrons include members of the community who support the change process.

Defenders. The defenders defend the change process at the grass roots. They help keep the issue alive and help work out the implications of the change at the lowest level. They actually defend the actions of the earlier change agents, who may be the parishioners, their religious colleagues, or students. Many

defenders are needed to ensure that the change is experienced as a felt need.

CHANGE IMPLEMENTORS

The change implementors enter the change process after the work of the change generators is completed, which is after a need for change is felt. There may be some overlapping, but the task of the change implementor is to implement change in a system that now feels the need for change. That is the intention of their activity. Implementation may be spread over a long period. The work of change implementors has more depth and complexity than that of the change generators. Therefore, different change agents are required. The change implementor works very closely with the organization that is changing. He or she must work with the change resistors, helping them to implement the change they are resisting. At times the resistors may be dependent on the implementor; at other times they may be very hostile. The implementor has an intimate relationship with the members of the organization. Trust is very important. Most of the change agents described in the literature are implementors. They may play technical roles and are required to be skilled in diagnosis and intervention. The personalities and tasks of implementors are very different from those of generators. The implementor category is divided into three classes.

External Change Implementors. The external change implementor is invited in from the outside to implement change in the organization that has a felt need for change. This is the earliest definition of a change agent. Consultants and facilitators who are contracted from outside the order or ministry come into this category. They provide expertise and new ideas, and they help formulate new structures and design events related to the implementation of the change.

External / Internal Change Implementors. The task of external / internal change implementors is usually to develop internal implementors. Typically, these are provincial or general council or staff members who are external to the local situation and at the same time internal to the order. They may be sent from the central office to the local community or ministry to work with the local superior or community.

Internal Change Implementors. The task of internal change implementors is to implement change in their community (the superior or director of the apostolate may be in this category). They may work with external change implementors and external / internal change implementors. As they have direct, face-to-face contact with the change adopters, they can easily be confused with them.

CHANGE ADOPTERS

The task of the change adopters is to practice the new change and thereby to normalize it. They practice the new behaviors as part of their primary task in the organization but do not consciously contribute to the change process. They are divided into three groups.

Early Adopters. The task of the early adopters is to be the first adopters of the change and, therefore, the prototypes of the adoption of change in the change process. Their commitment to change is the highest among the adopters. They are the link between the implementors and the adopters. They often bring the implementors into the system. Being the first to adopt the soon-to-be-normative behavior, they are often seen as the radicals or leaders. They are self-nominated in that they themselves choose to be "the first to try it." Frequently, the younger members of an order or community fall into this category.

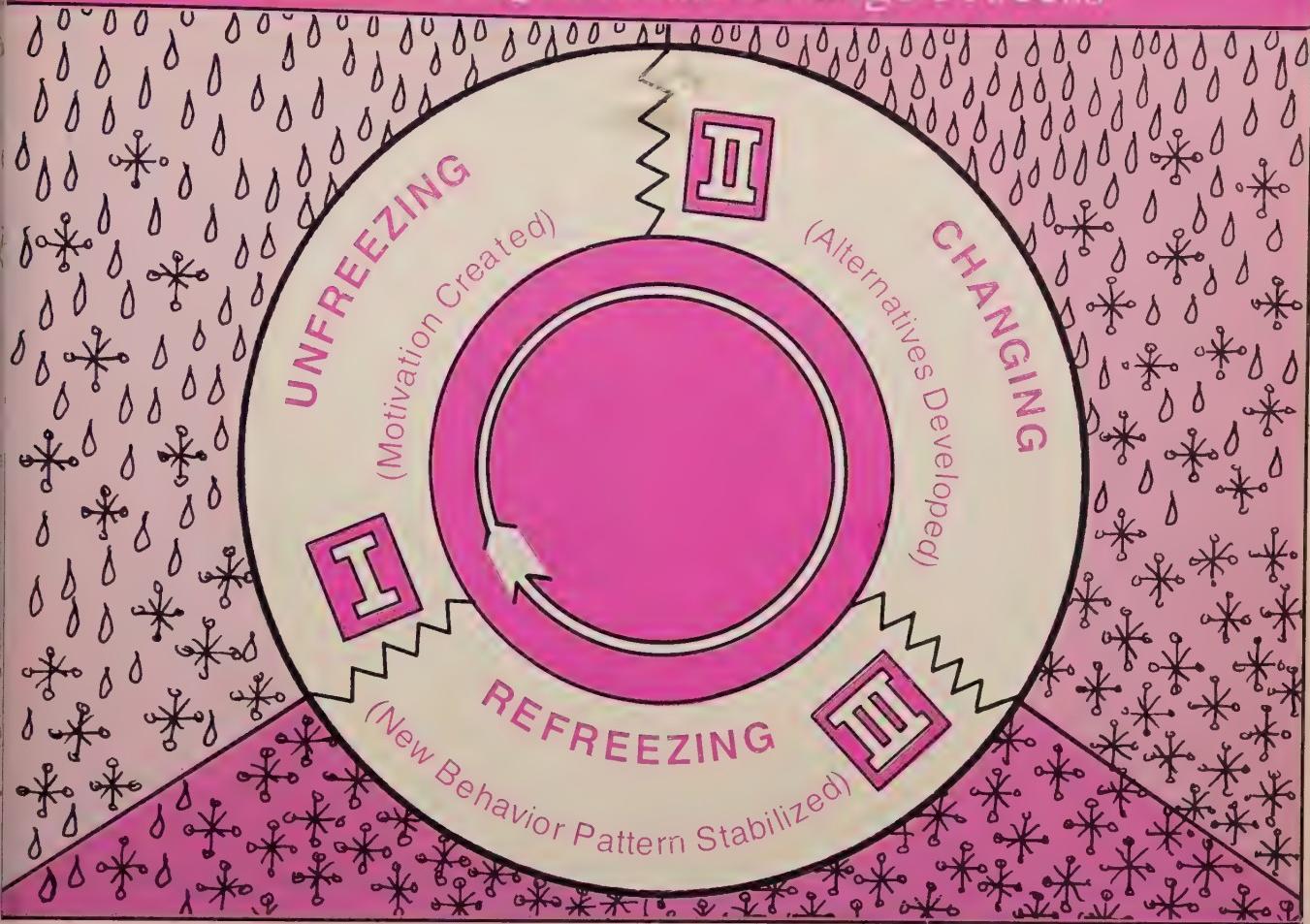
Maintainers. The task of maintainers is to adopt the change while retaining their primary commitment to maintaining the organization. Their primary commitment is to their work, even as roles are changing. They are essential to the change process. If those who maintain the organization do not change, there is no change. They change rather than resist in order to maintain the organization. Change is accepted as an inevitable part of life, and life must go on. Most of the members of the order or community fit into this category.

Users. The task of users is to make a habit of using the change. In the last analysis, if there are no users of the change, the change will not survive. These change agents benefit the most from the change and make the least commitment to generating, implementing, or adopting it. Their role as change agents is just as important as any other. Most change agents are users. The fact that it is normative for congregations to participate in vernacular liturgies, to take a simple example, confirms the changes brought about through Vatican II.

AGENTS EQUALLY VALUABLE

The history of the church is marked by changes generated by many great men and women. Others have implemented and adopted the visions of the generators. Since Vatican II, change has come to be accepted as permanent. Religious life and ministry have altered radically. There have been many change generators. They are typically those who envisioned a new order and those who fought for and supported it in terms of specific issues. They influenced theology and spirituality, created new structures in religious life, and generated more

Lewin's Stages of the Change Process



humane forms of community life. In more contemporary times they are generating unfreezing regarding the rights of women in the church and the role of the church in unjust political and social structures. They currently face hostility and resistance. There have been many change implementors—the numerous provincials and superiors, consultants and facilitators who have helped bring about change. They have been the spiritual directors, human relations and group dynamics facilitators, and canonists who have worked with communities and written about the new order. And then there are the adopters—those who have changed their way of life, who participate in the new structures and thereby confirm the changes.

Lewin's insight that change occurs through unfreezing, changing, and refreezing stages provides both a pragmatic approach to managing change and a conceptual framework for theological reflection on particular change processes. The taxonomy, as a focus on the agents of change, helps unravel the different roles that occur in the change process. Everyone can ask, What kind of change agent am I?

All ten types of change agent are required in any change, and so each type is of equal value. By differentiating among the change agent roles, the taxonomy provides a model for understanding the change process itself. It can contribute to spirituality and a theology of change by conceptualizing reflection on the processes of change in religious life and ministry.

This article has focused on change agents within religious life and ministry in organizational terms. This is a narrow focus, and there are many outstanding questions. One central question, on how change can be for either liberation and authenticity or destruction and oppression, would require a more detailed discussion of the notion of change. Another central question points to the role of those outside religious orders in generating change. The most significant example of this is the experience of many religious of being evangelized by the poor and oppressed to whom they have been sent to minister. The poor and the oppressed have been the real generators for many religious. Examination of this issue would require a discussion of change

agents in the church and in society. Further reflection could create a dialogue between the taxonomy and the area of communal discernment and locate the different change agents in that process. Our purpose has been to reflect on just one particular arena—organizational change in religious life and ministry.

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Less-Radical Breast Surgery Recommended

Breast cancer will be diagnosed in about 150,000 American women this year. Among these women, 75 percent to 80 percent will have Stage I or Stage II of the disease; about two-thirds of them will have cancer-free lymph nodes. These two early stages of cancer indicate that the disease has not spread beyond the breast and adjacent nodes.

Recently, a committee of fifteen experts assembled by the National Institutes of Health concluded that removal of a cancerous tumor (lumpectomy) gives women as good a chance at survival as does removal of the entire breast (mastectomy). Both give "excellent" results, the committee concluded.

"Since both forms of surgery appear to be equal in survival," said Dr. William C. Wood, chairman of the committee, "we believe it is preferable to preserve an organ." While recommending lumpectomy to be followed by radiation therapy, Wood pointed out the fact that some patients choose mastectomy because "they

prefer to lose a breast instead of having six weeks of radiation therapy."

At the present time, mastectomy is the most common therapy for breast cancer in the early stages. A mastectomy and a lumpectomy both involve the removal of nearby lymph nodes. The committee's report contains a reminder that "if these nodes are cancer-free and the primary tumor is smaller than one centimeter, the patient has a 90 percent chance of cure under either treatment."

Physicians currently recommend that women who have reached the age of 35 undergo a mammogram breast evaluation at least every other year. Once they have reached the age of 50, women are advised to ask for mammography every year. If Stage I or Stage II cancer is found and lumpectomy is followed by chemotherapy or the drug tamoxifen, the chance of a recurrence is reduced by one-third, whether the cancer has spread to the lymph nodes or not.

Dysfunctional Clergy and Religious

David F. O'Connor, S.T., J.C.D.

A great deal of unfortunate and unedifying publicity has been given in recent years to the problems of clergy and religious, especially those who have run afoul of the law for such tragic crimes as child abuse. While these poor people represent a very small percentage of the religious population, all religious and clergy have been affected negatively by the publicity. The general public today is sometimes left with the impression that the clerical and religious ranks are filled with individuals who have special problems. Questions are sometimes raised that manifest a distorted view of the clergy and religious and present a negative assessment of their life-styles. For example: Does religious and clerical life attract disturbed people? Has it largely become a respectable haven for those with a homosexual orientation who are escaping the restrictions placed on them by a homophobic society? Does the life-style so severely aggravate certain problems that it may be an essentially unhealthy way of living for most people? Is the incidence of mental illness or immaturity among religious and clergy higher than in the general population?

Recently I had the opportunity to interview personally and individually a half-dozen psychiatrists and clinical psychologists—four men and two

women—who live and work in the Washington, D.C., area and whose clients include a significant number of clergy and religious. Some of them work in residential institutions; the others are in private practice. I also interviewed some men and women religious major superiors to see if their perceptions were similar to those of the professionals.

To foster informality in the interviews and to promote an honest exchange of views in a brief period of time, I assured each of them that I would not quote or attribute to them anything they shared with me. Also, I reviewed some of the relevant literature on the subject to better prepare myself for the interviews. What follows is my attempt to summarize some of their observations.

Let me first say that the factual answers to the highly critical questions raised by the public do not support their negative views. That is, there is every reason to believe that the members of the clergy and of religious orders, as a group, are as psychologically healthy as their fellow Americans; that their membership remains predominantly heterosexual; and that while the clerical and religious life-style does indeed make demands on the men and women who adopt it, the members are no more disturbed or immature than the laypersons among whom they live and work. Some of the psychia-

trists remarked that they encounter many fewer cases of serious mental disease, such as schizophrenia, among clergy and religious than they observe in the general populace.

I asked these psychiatrists and psychologists whether they find that the clergy and religious they counsel possess characteristics that make them special or different from laypersons. The following are some of the observations that were offered.

NEGLECT OF HUMAN NEEDS

Every human being has certain basic needs, and clergy and religious often tend to neglect theirs—for example, the needs for adequate rest, recreation, friendship, and supportive relationships that provide affirmation, understanding, and acceptance. There is a tendency on the part of many religious and clergy to overidentify with their vocational roles and thus to derive their feelings of self-worth almost exclusively from these roles. When they fail to live up to the ideals or expectations those roles present, their self-image or self-worth is often severely damaged. Frequently, the therapist must help the client recover or discover his or her sense of self-worth.

PERFECTIONISTIC-NARCISSISTIC TENDENCIES

Related to this failure to recognize and legitimately meet their human needs, many religious and clergy tend to be perfectionistic, narcissistic, self-absorbed, and success-oriented to the point of denying their humanity and its limitations. This can be reinforced by laypersons who have an unrealistic concept of clergy or religious as more angelic than human. Some religious and clergy may feel that they must always project kindness and happiness and must never display negative feelings. This role-playing can inhibit them from recognizing and accepting themselves as normal people with both virtues and limitations. They may regularly deny their feelings and repress their aggression and sexuality. Because they have very high expectations of themselves, experiences of failure or falling short tend to overwhelm them with an exaggerated sense of shame, guilt, and a loss of self-esteem.

STRESSFUL LIFE-STYLE

Clergy and religious are under a lot of stress in the modern American church. Their pace of life has accelerated, and many demands are made upon them today in the ministry, especially now that their numbers are diminishing. One man or woman may be doing what two or three did in the past. In some rural areas, a pastor may not be able to get away from his or her parish for any length of time because there is simply no one to take his or her

place. They often become workaholics, first cutting back on their rest or recreation and then shortening their time for prayer, meditation, and spiritual reading. Again, because of their failure to meet their own basic human needs, loneliness, addictions, and dysfunctional behavior may occur. Aging and sickness also take their toll. Finding a support group in a healthy religious community, or an understanding and affirming coterie of fellow ministers, is more important today than ever because of the increased stress in the lives of priests, deacons, and religious.

SUBSTANCE ADDICTIONS

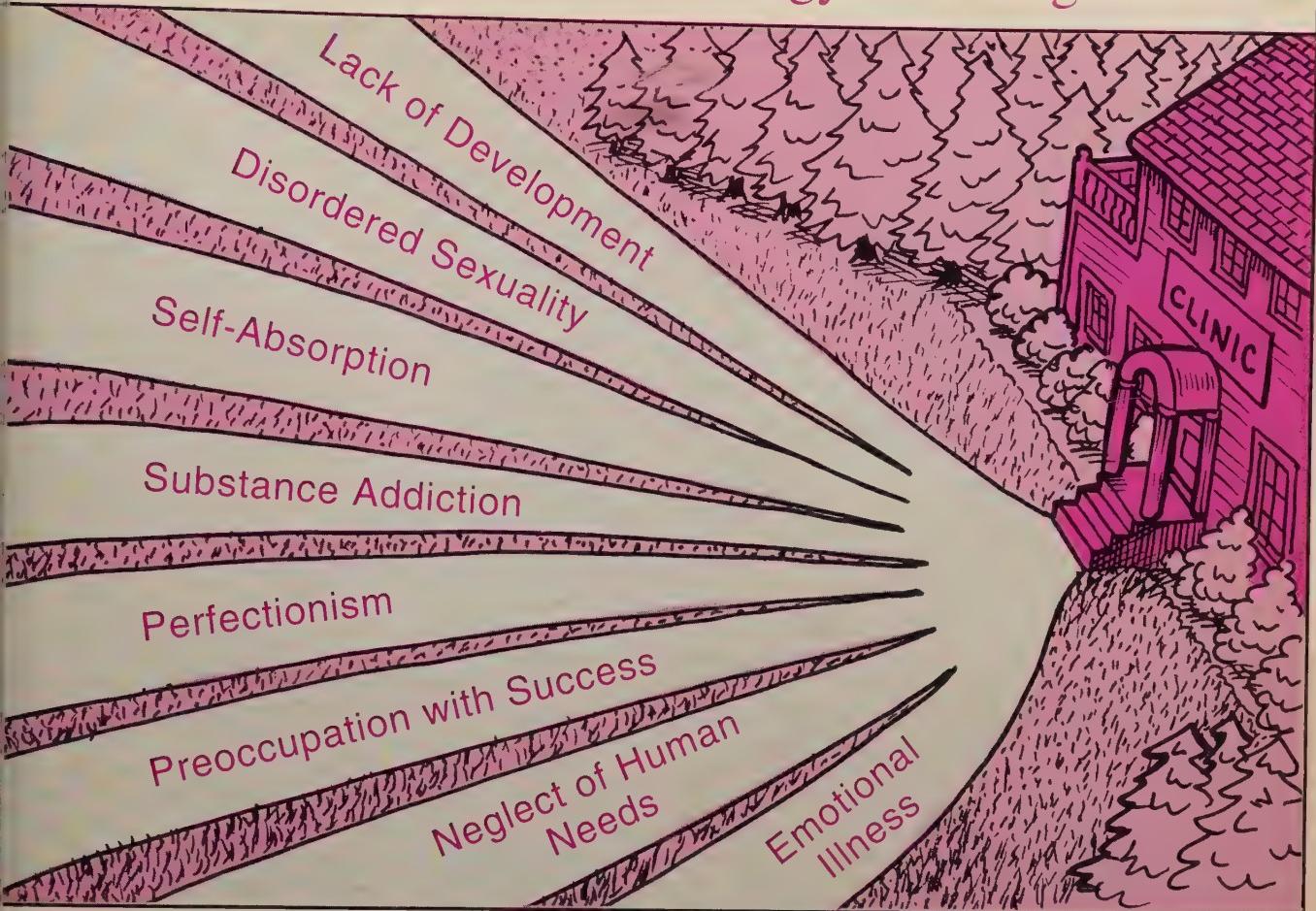
Many of the therapists noted that they now see more alcohol and drug addictions (often to prescribed drugs) than in the past. These problems, which have traditionally affected male religious, now appear frequently among women religious as well. These addictions are part of the problem of our larger society; they show up among clergy and religious just as they do among business executives, doctors, and truck drivers. Chemical abuse is frequently linked to the breaking down of inhibitions, often causing individuals to engage in behavior that is contrary to their moral standards or that violates the taboos of society. Alcohol or chemical dependency may also develop in a person who is trying to cope with a more serious underlying problem, such as depression, paranoia, severe anxiety, or confusion over his or her psychosexual identity.

People with addictions often need to be hospitalized for a relatively brief period of time, and they require a support group, such as Alcoholics Anonymous, to assist them in maintaining their resistance to the addiction. Proper treatment will help them cope with the stresses of life in a more positive and healthy manner.

LACK OF DEVELOPMENT

In many cases the therapists' clients had not yet developed into mature adults. This reminded me of the findings of the extensive study of the Catholic clergy that was sponsored by the American bishops in 1972. It indicated that while a small group could be considered "developed" (those who lived satisfactory and fulfilling lives with a healthy level of adjustment), another, smaller group could be considered "maldeveloped" (those who had psychotic or borderline personality disorders). Most of the clergy were described as "developing" (those who had achieved a reasonable level of adjustment but were burdened with some psychological difficulties that were constraining and inhibiting) or "underdeveloped" (those who were emotionally underdeveloped and, frequently, had not achieved an adult and integrated psychosexual identity).

Routes to Therapy for Clergy and Religious



Underdevelopment was the result of a less-than-successful negotiation of the developmental tasks that everyone must master to become a mature, well-rounded adult. This lack of development was most evident in the distant and highly stylized way in which these religious and clergy related to people. They did not handle relationships well, often lacked close friendships, and did not experience intimacy.

This lack of mature development reflected much more on their early lives and home environments than on the seminary or religious training they had received. However, it should be acknowledged that the seminaries and religious formation programs of the past probably aggravated their lack of maturity. At best, they delayed growth by unintentionally creating an environment that retarded the

development of many young men and women until after ordination or profession. Today, we would like to think that by substantially changing the learning environment, and by attracting older candidates, we will encounter less of this underdevelopment or immaturity among future clergy and religious.

However, the home lives of many people in our society are more dysfunctional today than twenty-five years ago. There are far more single-parent families, frequent divorces and remarriages, children being raised in families with both parents working, and an increased use of drugs and alcohol. It is no wonder that one psychiatrist observed that today far more people seem to be entering religious life and the seminary seeking healing than in the past. They are entering religious life or the semi-

Every diocese and religious order has people who manifest eccentricities or experience mood changes that inhibit their happiness and their ministry

nary with hopes of finding what they have not been able to find elsewhere—a loving, accepting, affirming, forgiving, stable Christian climate in which they can find out who they are. They seek an environment that will nurture and support them. They may therefore have too many personal needs themselves to be effective in serving others or to be comfortable living in anything less than an ideal community-life situation. The normal give-and-take of everyday life or the interaction with the ordinary, imperfect people who are their fellow religious and clergy may become very unattractive to them in the long run. They may really be looking for a therapeutic community, not an apostolic or contemplative one.

PSYCHOSEXUAL ISSUES

Every one of the psychiatrists and psychologists I interviewed mentioned that the issues of sexuality and its expression are significant concerns for many of their clients. Each believed that today's religious and clergy are more aware of homosexuality than their predecessors, simply because they encounter many more men and women who are openly homosexual. They also are aware of the homophobia of some heterosexual clergy and religious in response to the increased presence of homosexual men and women in the clergy and religious life. In some dioceses, the awareness of homosexuality among the clergy has promoted a factionalism that divides the straight clergy from the gay clergy. Some heterosexual men and women feel resentful and threatened because of the percep-

tion, correct or incorrect, that they are living in a community, organization, or environment that is significantly homosexual—especially if there has been overt sexual expression by some of its members. Heterosexual clergy and religious tend to think that this issue essentially destroys the value of the celibate life-style expected of Catholic clergy and religious. As it is, the celibate life-style is already unattractive to many potential aspirants to the clergy or religious life. Many consider its credibility to be greatly diminished, if not destroyed, when there is evidence of sexual (and especially homosexual) activity among members of the clergy or religious.

When asked why there is more evidence of homosexuality in the clergy or religious life today, many of the therapists responded that it has to do with contemporary society's openness in addressing sexual matters, and the spillover of other contemporary secular values into religious and clerical life. The life-styles of religious and clergy have always been honorable alternatives to marriage. The reforms following Vatican II helped make clerical and religious life-styles less rigid and more humane, which has made them attractive to people who otherwise might have rejected them. Seminary and formation directors in the past showed little tolerance for any manifestation of homosexuality. Many rules and regulations in seminaries and religious houses greatly inhibited any overt sexual expression. Such common practices as prohibitions against visiting another person's room, supervision of both incoming and outgoing mail, restrictive living conditions, and limitations on personal freedom helped inhibit both homosexual and heterosexual expression and rendered clerical and religious life very unattractive for anyone strongly inclined to such activity.

However, in the last twenty years or so there appears to have been much more tolerance (at times bordering on imprudent neglect) concerning the acceptance and retention of candidates who showed indications of acting out sexually. Also, since the seminary and religious training houses have become more open, it has been difficult to observe or control such activity.

The publicity focused on religious and clergy who have been accused of pedophilia has been very harmful to the image of clergy and religious in general. However, doctors who work with pedophiles state that despite the publicity, this sickness is no more prevalent among clergy and religious than among other segments of our society. Concerns about pedophilia have occasioned very real problems for the church because of the special role of trust that religious personnel enjoy in society. Some of the therapists noted that today clergy and religious must exercise extraordinary prudence in any contact with children. For example, they should always have other adults with them when

hey work with children. Moreover, some of the professionals—not all—felt that any manifestation of pedophilia after therapy and a transitional program is a signal that the individual should be helped out of clerical or religious life, not only for the good of the individual but also for the good of the church.

Another interesting observation made by some of the therapists was that they are inclined to believe that a number of women religious entered the life because of having been sexually abused in youth. Religious life allowed them to continue to repress the event and live an asexual life-style. Now, later in life, some are facing up to their sexuality and experiencing difficulties.

PERSONALITY PROBLEMS

Many religious superiors admit that the major problems they face are with personnel. Some of these problems have to do with people whose personalities make it difficult for them to live or work with others. Every diocese and religious order has people who manifest eccentricities or experience mood changes that inhibit their happiness and their ministry. These people are often perceived as being somewhat strange. The larger religious community tends to isolate such individuals because they can be disturbing to live with or to work alongside. Some of these people need to be institutionalized. Many others need professional help because of addictions, co-dependency issues, developmental problems, depression, and so forth. One psychiatrist observed that many of the people he sees under the age of forty are dealing with sexual adjustment issues, while many of those over forty are experiencing depression, substance abuse, or excessive anger.

Religious superiors also have to deal with people who are uncooperative, strange, or recalcitrant but who may not seek professional help. In fact, superiors often find it helpful to talk things out with a therapist in order to gain better insight into some of the situations and people they encounter. Therefore, the experiences of religious superiors are different from those of professionals whose clients are religious and clergy. A superior must relate to these people with problems not just as a confrere or sister but also as an authority figure. This latter role occasions a certain amount of stress and anxiety for the superior. In many cases the counsel of a therapist can be most helpful.

A PERSONAL TASK

Religious and clergy have to assume personal responsibility for themselves, their physical and spiritual health, and their overall well-being. The presumption is that each and every one of them is a good and generous person who is trying to be

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faithful to his or her calling and to serve others with dedication. While everyone can feel overwhelmed at one time or another, each of us must strive for a well-balanced and well-rounded life-style. Time must be set aside for prayer, meditation, and reading, as well as rest, recreation, and the support that comes from community life and friendship. The demands of the ministry and the apostolate also require that we build and maintain our professional standards, especially with periods of study and updating. If we strive for a balanced life-style, we will most likely not find ourselves turning into workaholics, succumbing to loneliness, or falling into addictions. While we religious and clergy have our ideals, we must humbly accept and live with our humanity as well.

It seems obvious, also, that the process of selecting candidates for profession or ordination is of paramount importance for the future. The limitations of psychological tests must be recognized. While somewhat helpful, they cannot indicate every dysfunction that may possibly develop. An individual brings his or her whole history into the seminary or novitiate. One therapist suggested that during the selection process, persons who perceive themselves as failures in life should not be accepted as candidates. Experience indicates that such people generally make poor ministers.

Formation programs must help healthy women and men develop humanly and spiritually. Despite the drop in vocations, formation personnel must not overly nurture candidates. It is better to present the difficulties of the life as a challenge

rather than give candidates the impression that their lives will not involve asceticism or struggle or the cross. The religious life or priesthood is really no place for people who are unable to live healthfully, happily, and productively. A way of life featuring service and dedication should not devolve into a therapeutic milieu for underdeveloped people. The implementation of a better selection process and more challenging formation programs may result in fewer members but is preferable to taking on dysfunctional candidates. There will always be some clergy and religious who need professional help at some time in their lives, and that can be provided. However, a prudent, careful selection process and a demanding formation program will greatly reduce the need for corrective therapy.

RECOMMENDED READING

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Father David F. O'Connor, S.T., J.C.D., professor and chairman of the Department of Church Law at the Washington Theological Union, Silver Spring, Maryland, was a peritus at Vatican Council II.

Self-Treatment of Insomnia Potentially Harmful

The problem of not getting enough sleep to awake refreshed affects 20 to 40 percent of American adults during any single year, and about 17 percent rate their insomnia problem a serious one. California psychiatrist J. Christian Gillin, in the *Harvard Medical School Health Letter*, describes the causes of sleep difficulties as falling into three categories: predisposing, precipitating, and perpetuating.

Predisposing factors are personal characteristics that make the individual vulnerable. Among those predisposed to insomnia are tense or driven people whose minds are filled with plans or worries. Neurological conditions and severe depression may also affect the quantity and quality of a person's sleep.

Precipitating factors are life events that bring on a period of disturbed sleep. Dr. Gillin observes, "Stresses that precipitate insomnia may include an increase in responsibilities, the loss of a loved one, hospitalization, or acute pain, to name a few." Jet lag or an abrupt change in one's work schedule can also provoke insomnia.

Perpetuating factors are behaviors that maintain sleeplessness as a problem once it has already begun.

Use of drugs or irregular habits of retiring and rising are common examples.

Dr. Gillin stresses the fact that sleeping pills treat only a symptom of insomnia, not its cause. He advises that "if insomnia has persisted for a matter of weeks, or if the precipitating factor is not very obvious, it is appropriate for a physician to take a cautious approach and evaluate the reasons for disruption of sleep." He cautions particularly against the use of alcohol as a self-prescribed sleep aid. It is true that alcohol can be relaxing and can produce a feeling of sleepiness not long after it is consumed in the evening, but tolerance and withdrawal occur shortly afterward. Before morning comes, sleep is likely to be disrupted. Moreover, abuse, dependence, and addiction are likely to result from relying on the regular use of alcohol to bring on sleep. Habitual reliance on over-the-counter sleeping pills containing antihistamines is also potentially harmful. As well as being inconsistently effective and often causing residual difficulty with memory and coordination, such preparations can provoke or worsen an episode of urinary retention, glaucoma, or asthma.

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Human Development: A Worldwide Effort

During the past several years, staff members of the Jesuit Educational Center for Human Development have provided workshops, courses, and programs, along with professional consultations, throughout the world. These presentations have been offered for religious leaders, spiritual directors, formation personnel, pastoral counselors, clergy, religious, and laity. Our staff welcomes invitations to travel, especially to Third World areas as well as to other regions where topics and issues of the type featured in HUMAN DEVELOPMENT can be profitably discussed. Some of the locations where we have already conducted programs are indicated on this map.

